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A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 92531875 - 365000 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62702 Filed In: Illinois (Cook)	ee:\$9.00 R A Yarbrough Ounty Reco 0/23/2014 (E SPACE IS I Part of the Deb of the Financing STATE IL part of the Deb of the Financing	FOR FILING OFFICE USE tor's name); if any part of the Ir Statement Addendum (Form UIIONAL NAME(S)/INITIAL(S) POSTAL CODE 60459	ONLY ndividual Debt
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3a. ORGANIZATION'S NAME Aqua Finance, Inc.		POSTAL CODE	COUNTRY
	irty name (3a or	3b)	
3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME			
	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS One Corporate Drive Suite 300 CITY Wausau	S/ATE WI	5 4401	COUNTRY
COLLATERAL: This financing statement covers the following collateral: Water Treatment System		Tico	
* Doront ID 0 22 247 004 0000		Co	
* Parcel ID 9-32-317-004-0000			

1429616055 Page: 2 of 2

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UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME OR 9b. INDIVIDUAL'S SURNAME ALVARADO FIRST PERSONAL NAME **LAURA** SUFFIX ADDITIONAL NAME(S)/INITI/ (S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) or y che additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Fahlor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME SUFFIX INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) COUNTRY STATE POSTAL CODE CITY 10c. MAILING ADDRESS ASSIGNOR SECURED PAYCTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11 11a. ORGANIZATION'S NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME 11b. INDIVIDUAL'S SURNAME POSTAL CODE COUNTRY CITY 11c. MAILING ADDRESS 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): Office 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT covers timber to be cut covers as-extracted collateral is filed as a fixture filing REAL ESTATE RECORDS (if applicable) 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest) APN 19-32-317-0004-0000 LAURA ALVARADO SUBD BORCHERT'S 8623 STATE RD MUNIC/TWNSHP STICKNEY BURBANK, IL 60459 CENSUS TRACT/BLOCK 8210.02/4 TWNSHP-RANGE-SEC 38-13-32 LOT 53 * Parcel ID 9-32-317-004-0000

17. MISCELLANEOUS: