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UCC FINANCING STATEMENT

| FOLLOWINSTRUCTIONS | | 112010(1) | ili me | HELL HULl Hall dobt cover as see | |
|--|------------------------------------|--|-------------|----------------------------------|--------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional) | | | | | łł |
| Corporation Service Company 1-800-858-5 | | | | | ľ |
| B.E-MAIL CONTACT AT THE TOTAL 1-800-858-5 | 294 | | aas essti i | 7525744844 | ľ |
| TO THE STATE OF THE PROPERTY O | | D | | | |
| SPRFiling@cscinfo.com | | DOCA | · _ | 1523144049 Fee | s: \$40 no |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | THE PARTY OF THE PARTY | 1.00 |
| 104088914 - 365000 | | Lett & Li | Λ, Υ. | arbrough | |
| | 71 | Detail | 004 | nty Recorder of Dee | da |
| Corporation Service Company | '] | Date; | 08/1 | 9/2015 03:05 PM P | g: 1 of 2 |
| 801 Adlai Stevenson Drive | | | | · · | |
| Springfield, IL 62703 | | | | | |
| | Filed In: Illinois | | | | |
| | (Cook) | | | | |
| 1. DEBTOR'S NAME: Dec. | | Maria de la compansión de | | | |
| name will not fit in line 1b looks all the Debtor name (1a or 1b) (use exa | Ct. full name: do set a " | THE ABOVE SPACE | E 18 F | OR FILING OFFICE HE | E Pan se- |
| and pr | ovide the individual D. | or abbreviate any part of the | 9 Debt | Of a name). if | EUNLY |
| DEBTOR'S NAME: Provi ie or y one Debtor name (1a or 1b) (use examame will not fit in line 1b, leave all of it m 1 blank, check here and provided in the control of the manual of th | ovide the Individual Debtor inform | ation in item 10 of the Finar | icina (| Statement Adda - d | Individual Debtor |
| on | | | | | UCC1Ad) |
| 1b. INDIVIDUAL'S SURNAME | | | | | |
| HARTFIELD | FIRST PERSONAL NAME | | | | |
| | RUNAE | A | DDITIO | ONAL NAME(S)/INITIAL(S) | |
| 1c. MAILING ADDRESS 8415 S ABERDEEN ST | TONAL | 1 | J | | SUFFIX |
| - CARLADELM ST | CITY | | - | - | |
| 2 DEPTODIO | CHICAGO | Si | ATE | POSTAL CODE | COUNTRY |
| 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) | | | _ | 60620 | LISA |
| DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use € cact name will not fit in line 2b, leave all of item 2 blank, check here and pro 2a. ORGANIZATION'S NAME | full name; do not omit, modify, or | abbreviate any next - (1) | | | 007 |
| 2a. ORGANIZATION'S NAME | ide he individual Debtor informat | On in item 10 of the Fire | Debtor | 's name); if any part of the l | ndividual Debtorio |
| The state of the s | 7 | TO DE THE FINANC | ang St | atement Addendum (Form U | CC1Ad) |
| | | | | | |
| 2b. INDIVIDUAL'S SURNAME | | | | | |
| | FIRST DERSONAL NAME | | | | |
| 2c. MAILING ADDRESS | | JADI | וסוזוט | NAL NAME(S)/INITIAL(S) | SUFFIX |
| | CITY | | | | 1 / 5 |
| | | STA | TE | POSTAL CODE | |
| 3. SECURED PARTYS NAME | | , | | OSTAL CODE | COUNTRY |
| 38. ORGANIZATION'S NAME OF ASSIGNEE OF ASSIGNOR SE | CURED PARTY | | 1 | | 1 |
| 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE 38. ORGANIZATION'S NAME Aqua Finance, Inc. | SORLD PARTY): Provide only or | e Securio Party name (3a | or 3h) | | |
| OR | | | 0. 00) | | |
| 3b. INDIVIDUAL'S SURNAME | - | | | | |
| | FIRST PERSONAL NAME | (A) | | | |
| 3c. MAILING ADDRESS C | | ADD | ITION. | AL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS One Corporate Drive Suite 300 | Oltry | 1 | | , , | SUFFIX |
| . ==== ==== 500 | CITY | | | | Ī |

| 5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and instructions) being administered by a Dece 6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Ballee/Bailor | odent's Personal Representative and check <u>only</u> one box: Non-UCC Filing Licensee/Licensor |
|---|--|
| FILING OFFICE CORY LICE THANKS | 104088014 |

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COUNTRY

USA

STAT: Wi

POSTAL CODE

54401

COLLATERAL: This financing statement covers the following collateral:

1523144049 Page: 2 of 2

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| NAME OF FIRST DEBTOR: Same as line 1a or because Individual Debtor name did not fit, check he | 1b on Financing Statement (4) | | _ | | |
|--|---|---|------------------------------|---------------------------------|--------------------|
| 9a. ORGANIZATION'S NAME | ere | was left blank | | | |
| | | | 1 | | |
| | | | ł | | |
| OR 9b. INDIVIDUAL'S SURNAME | | | | | |
| HARTFIELD | | | | | |
| FIRST PERSONAL NAME | | | | | |
| RUNAE | | | | | |
| ADDITIONAL NAME(S)/PITIAL(S) | | SUFFIX | | | |
| 10. DEBTOR'S NAME: D. | | | | | |
| 10. DEBTOR'S NAME: Provide (Oa r 10b) only on do not omit, modify, or abbreviate any (ail c the Deb | additional Debtor name or Debtor na | me that did not fit in | THE ABOVE SPA | CE IS FOR FILING OF | FICE USE ONI |
| 10a. ORGANIZATION'S NAME | or's name) and enter the mailing addr | ass in line 10c | me 15 or 25 of the Financ | ing Statement (Form UCC1 |) (use exact, full |
| 0.0 | _ | | | | |
| 10b. INDIVIDUAL'S SURNAME | 0.0 | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | | | |
| NAST PERSONAL NAME | (-) | | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | | |
| İ | 0/ | | | | _ |
| Dc. MAILING ADDRESS | —————————————————————————————————————— | | | | SUFFIX |
| | CITY | | STATE | POSTAL CODE | |
| . ADDITIONAL SECURED PARTY'S NAME | or Assigner and | <u> </u> | | | COUNTR |
| 11a ORGANIZATION'S NAME | or ☐ ASSIGNOR SECU | REP PARTY'S | AME: Provide only one | name /11a or 11b) | |
| 11b. INDIVIDUAL'S SURNAME | | '//x. | | (TIA OF TIB) | |
| - S S NI S NI S | FIRST PERS | ONAL NAME | <u> </u> | | |
| MAILING ADDRESS | | | ADDITI | ONAL NAME(S)/INITIAL(S | SUFFIX |
| | CITY | | STATE | IDOSTAL | |
| ADDITIONAL SPACE FOR ITEM 4 (Collateral): | | | C) Journe | POSTAL CODE | COUNTRY |
| t materially. | · | | | | |
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| This FINANCING STATEMENT is to be filed [for record REAL ESTATE RECORDS (if applicable) | (or recorded) in the 14. This FINAN | CING STATEMENT: | S | Organica | |
| This FINANCING STATEMENT is to be filed [for record REAL ESTATE RECORDS (if applicable) ame and address of a RECORD OWNER of real estate destant desta | Covers | timber to be cut. | covers as-extracted on | | |
| Debtor does not have a record interest): NAE N HARTFIELD | cribed in item 16 16. Description | timber to be cut of real estate: | covers as-extracted co | | |
| Debtor does not have a record interest): NAE N HARTFIELD 5 S ABERDEEN ST | cribed in item 16 16. Description County: C | timber to be cut of real estate: | | | |
| Debtor does not have a record interest): NAE N HARTFIELD | cribed in item 16 16. Description County: C Parcel Nul | timber to be cut [of real estate: OOK IL mber: 20-32-4 | 110 000 | llateral 🛛 is filed as a | |
| Debtor does not have a record interest): NAE N HARTFIELD 5 S ABERDEEN ST | cribed in item 16 16. Description County: C Parcel Nul Lot: 42,43 | of real estate: OOK IL mber: 20-32-4 | 110-006 | llateral Z is filed as a | |
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