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Karen A. Yarbroug Cook County Reco Date: 09/16/2015  THE ABOVE S , modify, or abbreviate any per tor information in item 10 of the	SPACE IS FOR To the Debtors a Financing State	: \$1.00  Peds Pg: 1 of 2  R FILING OFFICE USE  sname): if any part of the trement Addendum (Form U	ndividual Debtor's ICC1Ad]	
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MAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
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NAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)		
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item 17 and Instructions)	being adminis	tered by a Decedent's Pers	onal Representa	
<u></u> -	6b. Check only	if applicable and check on	Jik oue pax:	
			CC Filling censee/Licensor	
stgnor Seller/Buy	er [t	panas/Daniol Lu		
	Provide unity one Serwid Party  EUM  NAL NAME  NEE MISSION  Item 17 and Instructions)  or is a Trensmitting Utility  nsignor Seller/Buy	Provide only one Second Party name (3a or 3th EUM)  NAL NAME  ADDITION  STATE  STATE	STATE POSTAL CODE  Provide only one Servic 1 Party name (3a or 3b)  EUM  NAL NAME   ADDITIONAL NAME(S)/INITIAL(S)  STATE   POSTAL CODE   G6202  Item 17 and Instructions)   being administered by a Decedent's Person   Sb. Check only if applicable and check on   Agricultural Lien   Non-Ular Code   Non-Ul	

1525916031 Page: 2 of 2

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OLLOW INSTRUCTIONS  NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing	Statement: if line 1h was left blank	_				
because individual Debtor name did not fit, check here	States and the second states and the second					
9a. ORGANIZATION'S NAME						
YARA, INC						
OR OR INCOMPLIANCE OF SMANE						
BO, INDIVIDUAL'S SU, WAME						
FIRST PERSONAL NAME						
ADDITIONAL NAME(S)/', TIA', S'	SUFFIX	THE ABOVE SE	PACE IS FOR FILING OFFICE	LISE ONLY		
DEBTOR'S NAME: Provide (10a or 10h) on / 20a additional Det     do not omit, modify, or abbreviate any part of the Coulor's name) and						
10a, ORGANIZATION'S NAME	delice de limited accessor in the 100					
TOD. INDIVIDUAL'S SURNAME	)					
INDIVIDUAL'S FIRST PERSONAL NAME	0_					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	0/	**************************************		SUFFIX		
INDIVIDUAL S ADDITIONAL IVANEL SUMITIAL(S)	$\tau_{0}$			SUFFIX		
c. MAILING ADDRESS	CITY	s	TATE POSTAL CODE	COUNTRY		
. ADDITIONAL SECURED PARTY'S NAME or	ASSIGNOR SECURE 1 PAPT	Y'S NAME: Provide only	one name (11a or 11b)			
11a. ORGANIZATION'S NAME		X,	= 11 <b>= 11 = 1</b>			
R 115. INDIVIOUAL'S SURNAME	FIRST PERSONAL NAME	A	DDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
c. MAILING ADDRESS	CHY	Si	TATE POSTAL CODE	COUNTRY		
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				[		
		(	50			
		•	Office			
This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)				/ <del></del>		
Name and address of a RECORD OWNER of real estate described in	item 18 16. Description of real esta		acted collateral  Is filed as	a fixture filing		
(if Debtor does not have a record interest):  ZAD A TAIC	I OTG 10 11 AND	A 14 TAT A Y PARTNERS	C Winderle ermaner	OTON OF		
/ARA INC 1351 W CERMAK RD		10,11 AND 12 IN ALBERT'S KINST'S SUBDIVISION OF				
CHICAGO IL 60623	CHICAGP IN THE COOK COUNTY	LOTS 1,2 AND 3 IN JOHN E DEWITT'S THIRD ADDITION TO CHICAGP IN THE NORTHEAST PRINCIPAL MERIDIAN, IN COOK COUNTY,ILLINOIS PIN; 16-27-200-094-0000				
. MISCELLANEOUS:			<del></del>			

International Association of Commercial Administrators (IACA) FILING OFFICE COPY — UCC FINANCING STATEMENT ADDENDUM (Form UCC1Ad) (Rev. 04/20/11)