IOFFICIAL COPY

UUU FINANUING STATEMEN	FINANCING S	STATEMENT
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FOLLOW INSTRUCTIONS

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) 109839113 - 365000 Corporation Service Company	
801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Illinois (Cook)

5.844.846
1536445040

Doc#: 1536445049 Fee: \$40.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 12/30/2015 02:06 PM Pg: 1 of 2

	(Cook)			
1 DERTOR'S NAME: D	THE	ABOVE SPACE IS FO	OR FILING OFFICE USE	ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use examiname with not fit in fine 1b, teave all of floor or trank, check here and provide one of the provide of the provide of the provide only one of the provide of the provide only one of the provide one	ct, full name, do not omit, modify, or abbrev rovide the Individual Debtor information in it	late any part of the Dobts	rio nome). if	
Th. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			
CONTRERAS	FRANCISCO	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 2836 S TRUMBULL AVE	CHICAGO	STATE IL	POSTAL CODE 60623	COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use example will not fit in line 2b, leave all of item 2 blank, check here and provide only one of the provide one of the	ox de ' le individual Debtor information in ile	om to of the Finlanding St	etement Addendum (Form U	CC1Ad)
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR S 3a. ORGANIZATION'S NAME Aqua Finance, Inc.	ECURED PARTY): Provide only one Sec-	ed i arty name (3a or 3b		
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
sc. MAILING ADDRESS One Corporate Drive Suite 300	CITY Wausau	STATE W	POSTAL CODE	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral: WATER TREATMENT SYSTEM				USA

CCROOF VIEWER

5. Check only if applicable and check only one box. Collateral is held in a Trust (see LICC14d, item 17 and in the collaboration).	
6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting United	being administered by a Decedent's Personal Representative 6b. Check only if applicable and check only one box. Agricultural Lien Non-LICC Filippe
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Bu 8. OPTIONAL FILER REFERENCE DATA: :AFIR000942870	The reserving
	109839113

1536445049 Page: 2 of 2

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CC FINANCING STATEMENT ADDEN					
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing because Individual Debtor name did not fit, check here	Statement; if line 15 was left blank				
9a. ORGANIZATION'S NAME					
96. INDIVIDUAL'S SURNAME CONTRERAS		<u>]</u>			
FIRST PERSONAL NAL ¹ E		j			
FRANCISCO		1			
ADDITIONAL NAME(\$)/INI. IAL/\$)	SUFFIX	THE ABOVE S	PACE IS	FOR FILING OFFICE U	SE ONLY
70	0.04/4.045	n line 1h or 2h of the Ein	ancina St	atement (Form UCC1) (use e	xact, full nar
DEBTOR'S NAME. Provide (10a or 10h) or one additional E	Debtor name or Debtor name that did not fit and enter the mailing address in line 10c	in line 10 or 20 of the time	ici ici ig		
do not omit, modify, or abbreviate any part or the pentor's name, a	and emer the manny				
10a. ORGANIZATION'S NAME					
R 10b. INDIVIDUAL'S SURNAME					
10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME	0				SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	4				COUNTR
Oc. MAILING ADDRESS	СІТ		STATE	POSTAL CODE	COOKEN
1. ☐ ADDITIONAL SECURED PARTY'S NAME of	ASSIGNOR SECUR' D PART	Y'S NAME: Provide o	nly <u>one</u> n	ame (11a or 11b)	 .
1. ADDITIONAL SECORED FART TO WARE 11a. ORGANIZATION'S NAME	7),	ζ.			
	FIRST PERSONAL NAME		ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
OR 11b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME				
	CITY	<u> </u>	STATE	POSTAL CODE	COUNTE
11c MAILING ADDRESS		(Q _A)			
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		7	-/		
12. ADDITIONAL SPACE FOR TIEM 4 (GOILLE G.)			0,		
			9		
				U _{XC}	
				10-	
				-(2)	
	recorded) in the 14. This FINANCING ST	ATEMENT:			
13. This FINANCING STATEMENT is to be filed [for record] (or REAL ESTATE RECORDS (if applicable)	covers timber to	_	-extracted	collateral is filed as	a fixture filin
15. Name and address of a RECORD OWNER of real estate describ					
(if Debtor does not have a record interest):	County: COOK				
FRANCISCO CONTRERAS	Parcel Number	16-26-418-039)		
2836 S TRUMBULL AVE	Lot: 15 District	77 Subdivision	n: ADA	AMS SUB OF WH	BLK 15
CHICAGO, IL 60623	STEELES SUB	Map Ref: 16-2	6-SE (G&H) Sec/Twnshi	ip/Rang
	SEC 26 TWN 3	9N RNG 13E			
	City/Muni/Twp:		GO		

17. MISCELLANEOUS: