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A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294		Doc#: 1603944048 Fee: \$42.00			
B. E-MAIL CONTACT AT FILER (optional)					
SPRFilling@cscinfo.com			HITOF F	ee:\$9.00 HPRF Fee:	9e: \$42.00 \$1.00
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			Karen A	.Yarbrough	
111604419 - 396790	71		Date: 02	ounty Recorder of De	eds
Corporation Service Company	· I		Dute, oz	/08/2016 02:43 PM	Pg: 1 of 3
801 Adlai Stevenson Drive Springfield, IL 62753	Filed In: Illinois				
	(Cook)				
		THE ABOVE S			
 DEBTOR'S NAME: Provide on!, one Debtor name (1a or 1b) (use exact, name will not fit in line 1b, leave all of iten 1 b ank, check here. and provide one of the line of the li	full name; do not omit, m ide the Individual Debtor	odify, or abbreviate any par information in item 10 of the	t of the Debtor Financing Sta	's name); if any part of the in atement Addendum (Form UC	dividual Debtor's CC1Ad)
1a. ORGANIZATION'S NAME				·	
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	FIRST PERSONAL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
Broomfield	Kimberly	Kimberly			
1c. MAILING ADDRESS 15228 6th Ave.	CITY Phoenix		STATE IL	POSTAL CODE 60426	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, finame will not fit in line 2b, leave all of item 2 blank, check here and provided in the control of	່ ກາລme; do not omit, m ide .ne individual Debtor	odify, or abbreviate any par information in item 10 of the	t of the Debtor Financing Sta	s name); if any part of the In atement Addendum (Form UC	dividual Debtor's CC1Ad)
2a. ORGANIZATION'S NAME	70	•••			·····
OR 2b. INDIVIDUAL'S SURNAME	FIRST PEF SQUAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	Tourn
EU. INDIVIDUAL O CONTANILL	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INTTIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	Dx,	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE	CURED PARTY): Provi	de only one Secret Party r	name (3a or 3b)	
3a. ORGANIZATION'S NAME MICROF		C	,	·	
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
			4		
3c MAILING ADDRESS P.O. Box 70085	CITY Albany		STATE	POSTAL CODE 31707	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral: All of the Debtor's right, title and interest, now exis	ting and hereaf	tor arising in and	to all of	the Fautement and	
certain Lease No. 34667 between Debtor as Lesse					
other claims and rights to payment and chattel page					
relating to the foregoing, and (iv) any other proper					
of					•
Lessee's interest in the Equipment. For the purpos	ses of this finan	cing statement, "F	Equipmer	nt" shall be further	described
in					
item 12 of the UCC1Ad attached hereto, and inclu					
attachments, improvements and accessions there					
PURPOSES ONLY. THE PARTIES CONSIDER T RIGHT TO SELL OR PLEDGE THE EQUIPMENT					S NO
5. Check only if applicable and check only one box: Collateral is held in a Tru	ust (see UCC1Ad, item 1	7 and lost quiting 1			
Check only if applicable and check only one box: Collateral is	uar (see OCC IAU, Rem 1			red by a Decedent's Persona f applicable and check <u>only</u> o	
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a	Transmitting Utility		tural Lien Non-UCC	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buyer	Ba	ilee/Bailor Licen	see/Licensor

Corporation Service Company 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808

111604419

8. OPTIONAL FILER REFERENCE DATA:

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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 9b. INDIVIDUAL'S SURNAME Broomfield FIRST PERSONAL N/.w. Kimberly ADDITIONAL NAME(S), NIT'AL'S SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or (15) only one 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 pan of the christon's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME OR 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS POSTAL CODE COUNTRY ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 0,5,0 2015 PAYNE Furnace M# PG8MAA042090 S# 4515A22081 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT covers timber to be cut covers as-extracted collateral 📝 is filed as a fixture filing 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): PIN: 29-16-118-040-0000, 29-16-118-041-0000, 29-16-118-042-0000. See attached Exhibit.

17. MISCELLANEOUS:

UNOFF Selection of (537 (33) OPY

LOTS 17, 18 AND 19 IN BLOCK 8 IN MASONIC ADDITION TO HARVEY, A SUBDIVISION OF LOTS 3 AND 4 OF RAVENSLOOT SUBDIVISION OF LOTS 2, 3, 4, 5, 6, 7 AND 15 OF A SUBDIVISION OF SCHOOL SECTION 16, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS,

Permanent Real Estate Index Number: 29-16-118-040-0000 & 29-16-118-041-0000 & 29-16-118-042-0000

