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UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS		1506413005		
A. NAME & PHONE OF CONTACT AT FILER (optional)  Customer Service, 214-488-3200		oc#; 160641300 HSP Fee:\$9.00 RPRF	)5 Fee: \$40.00 Fee: \$1.00	
E-MAIL CONTACT AT FILER (optional)	Ka	ren A.Yarbrough		
CSR@FCCFINANCE.COM		ook County Recorder ate: 03/04/2016 08:5	of Deeds 3 AM Pg; 1 of 2	
FCC FINANCE, LLC P.O. BOX 795 429 DALLAS, TX 75379-5489	iss)			
L %	<b>□</b>   <sub>TH</sub>	E ABOVE SPACE IS FO	R FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only on. Destraname (1a or name will not fit in line 1b, leave all of item 1 stant, sheck here  1a. ORGANIZATION'S NAME	1b) (use exact, full name; do not omit, modify, or abbre [ ] and provide the Individual Debtor information in	eviate any part of the Debtor i item 10 of the Financing Sta	's name); if any part of the I atement Addendum (Form U	ndividual Debtor's ICC1Ad)
1b. INDIVIDUAL'S SURNAME  DESAVIEU	FIRST PERSONAL NAME DELVAL	ADDITION G	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS 4233 DREXEL AVE	DOLTON	STATE IL	POSTAL CODE 60419	COUNTRY
2b. INDIVIDUAL'S SURNAME	FIRST PERSC NAL NAME	OHIDDA	NAL NAME(S)/INITIAL(S)	SUFFIX
25. INDIVIDUAL'S SURNAME  MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGNEE of Sa. ORGANIZATION'S NAME	СПЧ	STATE	POSTAL CODE	COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIGNATION'S NAME DB HIL 2014 TRUST	СПЧ	STATE	POSTAL CODE	
SECURED PARTY'S NAME (or NAME of ASSIGNEE	FIRST PERSONAL NAME  CITY  DALLAS	STATE	POSTAL CODE	COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIGNEE of BASIGNEE	FIRST PERSONAL NAME  CITY  DALLAS  ng collateral:  E SLIDER & (1) 3-LITE SLIDER VEAT.	STATE  ACDITIO  STATE  TX	POSTAL CODE  NAL NAME(S)/INITIAL(S)  OSTAL CODE  7/3379	SUFFIX COUNTRY USA
SECURED PARTY'S NAME (or NAME of ASSIGNEE of Sa. ORGANIZATION'S NAME  DB HIL 2014 TRUST  3b. INDIVIDUAL'S SURNAME  MAILING ADDRESS P.O. BOX 795489  COLLATERAL: This financing statement covers the following MODEL SL 2700 WINDOWS, (3) 2-LITION CAPPING IN THE COLOR OF WHILE OR OR WHILE OR OR WINDOWS (3) 2-LITION CAPPING IN THE COLOR OF WHILE OR OR WINDOWS (3) 2-LITION CAPPING IN THE COLOR OF WHILE OR OR OR WINDOWS (3) 2-LITION CAPPING IN THE COLOR OF WHILE OR	FIRST PERSONAL NAME  CITY  DALLAS  Ing collateral:  E SLIDER & (1) 3-LITE SLIDER VEAT.	STATE  ACCURATE TX  ACCURATE TX  WINDOWS, ALL I	POSTAL CODE  NAL NAME(S)/INITIAL(S)  OSTAL CODE  7/3379  N TY COLOR (	SUFFIX COUNTRY USA OF WHITE S S N SC IN S C
SECURED PARTY'S NAME (or NAME of ASSIGNEE of Sa. ORGANIZATION'S NAME DB HIL 2014 TRUST  3b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  2.O. BOX 795489  COLLATERAL: This financing statement covers the following MODEL SL 2700 WINDOWS, (3) 2-LITION CAPPING IN THE COLOR OF WHILE OR OF WHILE OR OF WHILE OR OF WHILE OR OR OF WHILE OR OR OF WHILE OR O	FIRST PERSONAL NAME  CITY DALLAS  Ing collateral: E SLIDER & (1) 3-LITE SLIDER VEAT.  Theld in a Trust (see UCC1Ad, item 17 and Instructions Transaction  A Debtor is a Transmitting	STATE  STATE  ACDITIO  STATE  TX  WINDOWS, ALL I  ctions) being administer  [6b. Check only  Utility Agricu	POSTAL CODE  NAL NAME(S)/INITIAL(S)  OSTAL CODE  7/379  N THE COLOR (  if applicable and check gall  itural Lien Non-UC	SUFFIX COUNTRY USA OF WHITE S S N SC IN S C

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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 DESAVIEU FIRST PERSONAL NAME DELVAL ADDITIONAL NAME(S)/INIT/ . (S) G THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only ne 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 Deblor'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 10c. MAILING ADDRESS CITY ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11. ADDITIONAL SECURED PARTY'S NAME OF 11a. ORGANIZATION'S NAME OR ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME POSTAL CODE COLINTRY 11c. MAILING ADDRESS CITY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: covers as-extracted collateral is filed as a fixture filling covers timber to be cut 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): THE FOLLOWING DESCRIBED REAL ESTATE SITUATED IN THE COUNTY OF COOK, IN THE STATE OF ILLINOIS, TO-WIT: LOT 28 IN BLOCK 1 IN CALUMET PARK SECOND ADDITION, A SUBDIVISION OF SECTION 2 AND 11, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JULY 18, 1925, AS DOCUMENT 8987931, IN COOK COUNTY, ILLINOIS. PARCEL #29-02-302-017-0000 17. MISCELLANEOUS:

International Association of Commercial Administrators (IACA)

FILING OFFICE COPY — UCC FINANCING STATEMENT ADDENDUM (Form UCC1Ad) (Rev. 04/20/11)