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UCC FINANCING STATEMENT	
FOLLOW INSTRUCTIONS	

UCC FINANCING STATEMEN! FOLLOWINSTRUCTIONS	16) 50444056				
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				1618044056 Fee	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			Karen A.Y	e:\$9.00 RPRF Fee: \$	\$1.00
1	_	ļ		nty Recorder of Dec	eds
117829856 - 396790	ļ			28/2016 03:01 PM F	
Corporation Service Company 801 Adlai Stevenson Prive					
	ed In: Illinois				
	(Coak)				
		THE ABOVL			
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of item. b) ank, check here and provide		modify, or abbreviate any par or information in item 10 of th			
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME Phillips	Pamela	FIRST PERSONAL NAME Pamela		NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 12128 S Yale Ave	Chicago		STATE IL	POSTAL CODE 60628	COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use excess, frame will not fit in line 2b, leave all of item 2 blank, check here and provide and provide item 2.		modify, or abbreviate any par tor information in item 10 of th			
2a. ORGANIZATION'S NAME	70				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PEF 501'	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	Dr.	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC	URED PARTY): Pr	ovide only one Secret Party	name (3a or 3b)	
3a. ORGANIZATION'S NAME MICTOF		C			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS P.O. Box 70085	CITY Albany		STATE C)	POSTAL CODE 31707	COUNTRY
All of the Debtor's right, title and interest, now existic certain Lease No. 41824 between Debtor as Lesse other claims and rights to payment and chattel paper relating to the foregoing, and (iv) any other property of Lessee's interest in the Equipment. For the purpose in item 12 of the UCC1Ad attached hereto, and include attachments, improvements and accessions thereto PURPOSES ONLY. THE PARTIES CONSIDER THE RIGHT TO SELL OR PLEDGE THE EQUIPMENT,	e and Microter arising out or rights to es of this finates all substite. THIS FILITIES TRANSAIT IS OWNE	f, LLC as Lessor, (i t of such Equipmen which the Lessee ancing statement, " tutions, replaceme NG IS FOR PRECA ACTION TO BE A T ED BY LESSOR AN	i) all insur nt, (iii) all may be o 'Equipme rts, upgra AUTIONA FRUE LEA ND LEAS	rance, warranty, r books, records ar r become entitled nt" shall be furthe ades, repairs, part RY AND INFORM ASE, LESSEE HA ED TO LESSEE.	ental and nd proceeds by reason r described ts and MATIONAL AS NO
Check only if applicable and check only one box: Collateral is held in a Trus Ca. Check only if applicable and check only one box:	it (see UCC1Ad, ite			ered by a Decedent's Persor if applicable and check <u>only</u>	· ·
6a, Check only if applicable and check only one box. Public-Finance Transaction Manufactured-Home Transaction	A Debtor is	s a Transmitting Utility	_	Itural Lien Non-UC	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consig				ensee/Licensor

CCRD REVIEW

117829856

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor

8. OPTIONAL FILER REFERENCE DATA:

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS					
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing St because Individual Debtor name did not fit, check here	tatement; if line 1b was left blank				
9a. ORGANIZATION'S NAME					
OR 9b. INDIVIDUAL'S SURNAME Phillips					
FIRST PERSONAL MAN					
Pamela					
ADDITIONAL NAME(S)/INT (AL S)	SUFFIX				
L 10. DEBTOR'S NAME: Provide (10a or 10a) only one additional Debi	tor name or Debtor name that did not fit in li			FOR FILING OFFICE tement (Form UCC1) (use	
do not omit, modify, or abbreviate any part of the Cabtor's name) and					
10a. ORGANIZATION'S NAME					
OR 10b. INDIVIDUAL'S SURNAME			 «		
INDIVIDUAL'S FIRST PERSONAL NAME	0_				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	-0 Z				SUFFIX
10c. MAILING ADDRESS	Town Control of the C	·			
TUC. MAILING ADDRESS	CITY	S	TATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME of	ASSIGNOR SECURED FARTY'S	NAME: Provide only	one nam	e (11a or 11b)	
11a. ORGANIZATION'S NAME	7)x.				
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	AI	DDITION	AL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	S	TATE !	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		7			
		,	2		
CARRIER Furnace M# BWBAAN000070 S# 4	1115V02481	,			
				/sc.	
				C	
				-0	
13. This FINANCING STATEMENT is to be filed [for record] (or recorn REAL ESTATE RECORDS (if applicable)	ded) in the 14. This FINANCING STATEN	IENT:			
15. Name and address of a RECORD OWNER of real estate described in	covers timber to be cuitem 16 16. Description of real estate:	it covers as-exti	racted co	llateral 🚺 is filed as a	fixture filing
(if Debtor does not have a record interest):	PIN: 25-28-218-02	5-0000. See at	tache	d Exhibit.	

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Lot 11 (except the North 16 feet 8 inches thereof) and all of Lot 12 in Block 26 in West Pullman in the West ½ of the Northeast ¼ of the Northwest 1/4 of Section 28, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois

