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UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS		1619634	078 24070 Fran 640	00		
A. NAME & PHONE OF CONTACT AT FILER (optional)		Doc#: 1619634078 Fee: \$42.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00				
Corporation Service Company 1-800-858-	5294	Karen A.Yarbroug				
B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com		Cook County Recorder of Deeds Date: 07/14/2016 02:06 PM Pg: 1 of 3				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
118671497 - 396790	$\neg 1$					
Corporation Service Company						
801 Adlai Stever אוי ז רי אוי אווי אווי א						
Springfield, IL 62703	Filed In: Illinois					
	(Cook)	HE ABOVE SDACE IS E	OR FULING OFFICE WAS			
DEBTOR'S NAME: Provide only or a De stor name (1a or 1b) (use a	exact, full name; do not omit, modify, or ab	HE ABOVE SPACE IS FO	r's name); if any part of the l	Individual Debtors		
name will not fit in line 1b, leave all of item 1 f.anr check here and and 1a. ORGANIZATION'S NAME	d provide the Individual Debtor information	in item 10 of the Financing S	atement Addendum (Form L	JCC1Ad)		
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX		
Bukvich	Ratko					
c. MAILING ADDRESS 18302 Bock Rd	CITY Lansing	STATE	POSTAL CODE 60438	COUNTRY		
DERTOR'S NAME: Provide only one Debter name (2e or 2h) (see	<u> </u>					
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use e name will not fit in line 2b, leave all of item 2 blank, check here and	provide the Individual Debtor information	previate any part of the Debtor in item 10 of the Financing St	's name); if any part of the I atement Addendum (Form U	ndividual Debtor's JCC1Ad)		
2a. ORGANIZATION'S NAME		n				
R 25 INDIVIDUAL'S SURNAME						
Bukvich	FIRST PERSONAL NAME MILLIE	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX		
MAILING ADDRESS 18302 Bock Rd	CITY	STATE	POSTAL CODE	COUNTRY		
CECUPED PARTIES	Lansing		60438	USA		
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNE 3a. ORGANIZATION'S NAME MICROF	OR SECURED PARTY): Provide only one	S cured Party name (3a or 3t	0)			
R		(Q ₄ ,				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	IADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX		
MAILING ADDRESS P.O. Box 70085	CITY	STATE	POSTAL CODE	COUNTRY		
- BOX 70063	Albany	GA	31707	USA		
COLLATERAL: This financing statement covers the following collatera	<u> </u>		150.			
All of the Debtor's right, title and interest, now				•		
certain Lease No.42659 between Debtor as Le						
other claims and rights to payment and chattel relating to the foregoing, and (iv) any other pro						
of Lessee's interest in the Equipment. For the				•		
described in item 12 of the UCC1Ad attached t						
parts and			oo, apgrados,	ropano,		
attachments, improvements and accessions th	ereto. THIS FILING IS FO	R PRECAUTIONA	RY AND INFORM	IATIONAL		
	R THIS TRANSACTION T	O BE A TRUE LEA	ASE. LESSEE HA	S NO		
PURPOSES ONLY. THE PARTIES CONSIDE	NT. IT IS OWNED BY LE					
RIGHT TO SELL OR PLEDGE THE EQUIPME		AND COLL MAR CAIDLY	P3617ALA S# 23°	16X33410		
		ITOL COIL M# CINEA				
RIGHT TO SELL OR PLEDGE THE EQUIPME A/C Condenser M# 24ABB336A0N3 S# 1716E	35985 CARRIER Evapora			al Panresentativa		
RIGHT TO SELL OR PLEDGE THE EQUIPME A/C Condenser M# 24ABB336A0N3 S# 1716E		ctions) being administe	red by a Decedent's Person if applicable and check <u>only</u>			
RIGHT TO SELL OR PLEDGE THE EQUIPME A/C Condenser M# 24ABB336A0N3 S# 1716E Check only if applicable and check only one box: Collateral is held in	a Trust (see UCC1Ad, item 17 and Instru	ctions) being administe	red by a Decedent's Person	one box:		

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9.	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme	ent; if line 1b was left blank	7			
	because Individual Debtor name did not fit, check here					
	The state of the s					
			-			
OR						
	9b. INDIVIDUAL'S SURNAME Bukvich					
	FIRST PERSONAL NAME		4			
	Ratko					
	ADDITIONAL NAME(S)/INTTA (S)	SUFFIX	1			
10	DEPTODIC NAME -		THE ABOVE	SPACE	IS FOR FILING OFFICE	USE ONLY
10.	DEBTOR'S NAME: Provide (10a or 103) on , one additional Debtor nan do not omit, modify, or abbreviate any part of the fuebror's name) and enter the	ne or Debtor name that did not fit he mailing address in line 10c	in line 1b or 2b of the	Financing	Statement (Form UCC1) (us	e exact, full name
	10a. ORGANIZATION'S NAME	The maining address in line 100	-			
OR	<u> </u>					
0,1	10b. INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME				*	
i)/				
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	7	70.			SUFFIX
100	MAILING ADDRESS					
100.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
11.	ADDITIONAL SECURED PARTY'S NAME or ASSIG	SNOR SECURED AFT	VS NAME: Decide		1	
	11a. ORGANIZATION'S NAME	SHOR OLOGRED, ATT	3 NAIVIE, Provide	only <u>one</u> na	ame (11a or 11b)	
or	11b. INDIVIDUAL'S SURNAME	<u> </u>				
	TID. INDIVIDUAL S SURINAME	FIRST PERSONAL NAME	し	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
11c.	MAILING ADDRESS	CITY	- Q	STATE	POSTAL CODE	COUNTRY
12.7	ADDITIONAL SPACE FOR ITEM 4 (Collateral):	4-40-0		0.		
23	ARRIER A/C Condenser M# 24ABB336A0N3 S# 16X33410	1716E35985 CARR	IER Evaporati	or Coil	M# CNPVP3617A	ALA S#
20	10/10/4 10				CNPVP3617A	
					(0)	
					C	
13. [This FINANCING STATEMENT is to be filed (for record) (or recorded) in t	he 14. This FINANCING STAT	EMENT:			
	REAL ESTATE RECORDS (if applicable)	covers timber to be		extracted o	collateral [] is filed as a	fixture filing
	lame and address of a RECORD OWNER of real estate described in item 16 f Debtor does not have a record interest):	16. Description of real esta				
		PIN: 29-36-411-0	01-0000. See	attach	ed Exhibit.	

17. MISCELLANEOUS:

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LOT 304 IN FIFTH ADDITION TO FOREST GLEN SUBDIVISION, BEING A SUBDIVISION OF PART OF THE EAST 25 ACRES OF THE WEST 75 ACRES OF THE SOUTHEAST QUARTER OF SECTION 36, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PERMANENT REAL ESTATE TAX NUMBER 29-36-411-001-0000 COMMONLY KNOWN AS: 18302 BOCK ROAD, LANSING, IL 60438

Property of Cook County Clerk's Office