



## **UCC FINANCING STATEMENT**

**FOLLOW INSTRUCTIONS** 

A. NAME & PHONE OF CONTACT AT FILER (optional)  Corporation Service Company 1-800-858-52	94
B. E-MAIL CONTACT AT FILER (optional)  SPRFiling@cscinfo.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  118756232 - 363950  Corporation Service Company 801 Adlai Stevenson Drive	٦
Springfield, IL 627 /3	Filed In: Illinois (Cook)

Doc#: 1620729004 Fee: \$40.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds

Date: 07/25/2016 09:37 AM Pg: 1 of 2

801 Adlai Stevenson Drive				
Springfield, IL 627 3	Filed In: Illinois			
	(Cook)			
		THE ABOVE SPACE IS F		
1. DEBTOR'S NAME: Provide on y or 2 Debtor name (1a or 1b) (use name will not fit in line 1b, leave all of the control of the	exact, full name; do not omit, modify, or nd provide the Individual Debtor informa			
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
GARCIA	EDUARDO	L		
1c. MAILING ADDRESS 4125 N RIDGEWAY AVE	CITY	STATE	POSTAL CODE	COUNTRY
	Chicago	IL	60618	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use	exe t full name; do not omit, modify, or	abbreviate any part of the Debto	r's name); if any part of the li	ndividual Debtor's
	nd p ovid : the Individual Debtor informat			
2a. ORGANIZATION'S NAME	1			
OB	' ()			
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	//X,			
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN	IÓR SECLIRED PARTY): Provide or	one Secured Party name (3a or 3	b)	
3a. ORGANIZATION'S NAME Preferred Credit, Inc	TON GEOGRED FARTER, THORACE Ly	THE CONSIDER THE CON OF CO	<u> </u>	
		<b>C</b> /		
OR 35. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
		-74.		
3c. MAILING ADDRESS 628 Roosevelt Road Suite #100	O CITY	STATE	POSTAL CODE	COUNTRY
	Saint Cloud	()MN	56301	USA
4. COLLATERAL: This financing statement covers the following collater.	al <sup>-</sup>			
**Purchase money security interest in**			Xc.	
AQUAKLEEN water treatment system includir	ng reverse osmosis.			
Ser #'s			C	
10289				
12075				
· · · · · · · ·				
"All collateral described herein falls within the	scope of Article 0."			
An condicial described herein fails within the	acope of Article a.			

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative 6a. Check only if applicable and check only one box 6b. Check <u>only</u> if applicable and check <u>only</u> one box: Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor | Seller/Buyer Consignee/Consignor Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA: :01777325 GARCIA

118756232

1620729004 Page: 2 of 2

## **UNOFFICIAL COPY**

## **UCC FINANCING STATEMENT ADDENDUM**

because Individual Debtor name did not fit, check here	g Statement; if line 1b was left blank	1	
9a. ORGANIZATION'S NAME			
		_	
9b. INDIVIDUAL'S SURNAME		+	
GARCIA FIRST PERSONAL NAME		_	
EDUARDO	- Louise	•	
ADDITIONAL NAME(5)/IN.Tr.\L(S)	SUFFIX	THE ABOVE SPACE IS FOR FILING OFFIC	E USE ONLY
DEBTOR'S NAME: Provide (10a ir 10 )) only one additional D do not omit, modify, or abbreviate any part r, the Debtor's name) a	Debtor name or Debtor name that did not fit		
10a. ORGANIZATION'S NAME	and enter the meaning address it line for		****
R 10b. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S EIRST DEDECMAL MANE	<u> </u>		
INDIVIDUAL'S FIRST PERSONAL NAME	0_		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	94		SUFFIX
c. MAILING ADDRESS	CIT Y	STATE POSTAL CODE	COUNTRY
. ADDITIONAL SECURED PARTY'S NAME or	T ASSIGNOR SECURAD BARTY	('S NAME: Provide only one name (11a or 11b)	
11a. ORGANIZATION'S NAME	AGGIGNOR SECOPED PART	1 3 NAME: Provide only <u>one</u> name (11a or 11b)	
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM -	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
			<b>I</b>
: MAILING ADDRESS	CITY	STATE IDOCTAL CODE	COUNTRY
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
c. MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):	CITY	STATE POSTAL CODE	COUNTRY
	CITY	STATE POSTAL CODE	COUNTRY
	CITY	750	COUNTRY
	CITY	750	COUNTRY
	CITY	STATE POSTAL CODE	COUNTRY
	corded) in the 14. This FINANCING STATI	EMENT:	
ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or rec REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in the state of the state described in the state de	corded) in the 14. This FINANCING STATI	EMENT: cut covers as-extracted collateral  is filed as	
ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)	corded) in the    14. This FINANCING STATI    covers timber to be   16. Description of real estate    BLOCKS1-31 W I	EMENT: cut covers as-extracted collateral  is filed as	a flxture filing
ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or record) and record to the state described in the state descr	corded) in the    14. This FINANCING STATI covers timber to be in item 16    16. Description of real estate    BLOCKS1-31 W I    R13E 3P	EMENT:  cut covers as-extracted collateral is filed as as a second collateral in the control of the collateral is filed as a second collateral in the collat	a flxture filing
ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or rec REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in (if Debtor does not have a record interest):  DUARDO L GARCIA	corded) in the    14. This FINANCING STATI    covers timber to be   16. Description of real estate    BLOCKS1-31 W I	EMENT: cut covers as-extracted collateral is filed as e: B WALKERS ADD TO CHICA GO SV CHICAGO	a fixture filing
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