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			62 <b>0729007</b>	
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS		Doc#: 1 RHSP Fee: Karen A.Ya	620729007 Fee: \$9.00 RPRF Fee: \$1	\$42.00 .00
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294	4	Cook Coun	rbrougn ty Recorder of Deed: //2016 09:39 AM Pg:	S 1 of 0
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com			g.	. 1013
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
118700953 - 396790	7			
Corporation Service Company 801 Adlai Stevenson Drive				
Springfield II 62 22	Filed In: Illinois			
	(Cook)			
DEBTOR'S NAME: Provide of y or a Debtor name (1a or 1b) (use exact, name will not fit in line 1b. leave all of the 1 block about the second of the second or the second of the second or the seco	THE ABO	VE SPACE IS F	OR FILING OFFICE USE	ONLY
name will not fit in line 1b, leave all of it in 1 blank, check here and provi	ide the Individual Debtor information in item 10	ny part of the Debto of the Financing S	or's name); if any part of the I tatement Addendum (Form t	Individual Debtor's JCC1Ad)
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT(	DNAL NAME (C) (A)	
Porter	Alonzo	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
1c MAILING ADDRESS 22997 Kristine Ln	Richton Park	STATE IL	POSTAL CODE	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, it	u.' name; do not omit, modify, or abbreviate an			ł
allo provi	.e '.ie Individual Debtor information in item 10	of the Financing S	tatement Addendum (Form U	ICC1Ad)
2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	MINI MANGZONINGTALZO	T
Porter	Monica	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
2c MAILING ADDRESS 22997 Kristine Ln	CITY Richton Park	STATE	POSTAL CODE 60471	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC	CURED PARTY): Provide only one Secure 1 P	arty name (3a or 3)	0)	
3a. ORGANIZATION'S NAME Microf	C	,	·	
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ANDUTIO	MAL MAME (CAMADETIAL (C)	Toursey
3c MAILING ADDRESS P.O. Box 70085		1/	NAL NAME(S)/INITIAL(S)	SUFFIX
	Albany	STATE GA	POSTAL CODE	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral:				
All of the Debtor's right, title and interest, now exist	ing and hereafter arising, in a	and to all of	the Equipment sul	oject to that
certain Lease No. 42454 between Debtor as Lesse other claims and rights to payment and chattel page	er arising out of such Equipment	, (II) all insur	ance, warranty, re	ental and
other claims and rights to payment and chattel paperelating to the foregoing, and (iv) any other property	er ansing out or such Equipm	ient, (III) all I	oooks, records and	d proceeds
of	y or rights to which the Lesse	e may be or	become entitled i	by reason
Lessee's interest in the Equipment. For the purpose	es of this financing statement	: "Equipmer	nt" shall be further	described
in item 12 of the UCC1Ad attached hereto, and incl	udes all substitutions, replac	ements, upo	rades, repairs, pa	rts and
attachments, improvements and accessions thereto	o. THIS FILING IS FOR PRE	CAUTIONAL	RY AND INFORM	ΑΤΙΟΝΔΙ
PURPOSES ONLY. THE PARTIES CONSIDER TH	IIS TRANSACTION TO BE A	TRUELFA	SE LESSEE HAS	S NO
RIGHT TO SELL OR PLEDGE THE EQUIPMENT,	IT IS OWNED BY LESSOR,	AND LEASE	DITOLESSEE C	ARRIER
A/C Condenser M# 24ACB348A0N3 S# 2016E276	83 ADP Evaporator Coil M# I	HE35148A1	70 S# 7116C2003	3
. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Trust				
Sa. Check only if applicable and check only one box: Collateral is held in a Trust	t (see UCC1Ad, item 17 and Instructions)		ed by a Decedent's Personal	Representative

Selfer/Buyer

Bailee/Bailor

Corporation Service Company 711 Centerville Rd, Ste. 477 Virmington, DE 19808

118700953

Licensee/Licensor

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

1620729007 Page: 2 of 3

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## UCC FINANCING STATEMENT ADDENDUM

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECUFED PARTY'S NAME: Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  OR 11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	FOLLOWINSTRUCTIONS			
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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10 DEBTOR'S NAME Points (for \$1 mile) and action in mode, or abbreviate any part of hy Celebro's name) and enter the mailing address in line 102.  10 Tea. ORGANIZATION'S NAME  10 INCHIDIAL'S SUBMANE  10 INCHIDIAL'S SUBMANE  10 INCHIDIAL'S SUBMANE  10 INCHIDIAL'S SUBMANE  11 ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED PARTY'S NAME; Provide only ogn name (11to or 11b).  11a ORGANIZATION'S NAME  11 ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED PARTY'S NAME; Provide only ogn name (11to or 11b).  11a ORGANIZATION'S NAME  11b INDIVIDUAL'S SUBMANE  11c MALING ADDRESS  11d MALING ADDRES				
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10. DEBTOR'S NAME: Provide (10% in Took any size additional batter name or Debtor name or Debtor name that size not still inline to or 2th of the Financing Statement (Form UCC1) (size exact. Nal name do not norm, one and you arbitervate any part of the Debtor's name) and enter the mailting address in line 10:  100. INDIVIDUAL'S STRIMME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S STRIMME  INDIVIDUAL'S SURNAME  INDIVIDUAL	ADDITIONAL NAME(S)/IT/ITIA L(S)	SUFFIX		
To PRESENTATIONS NAME  INDIVIDUAL'S SUBMANE  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S SUBMANE  INDIVIDUAL'S SU	10 DERTOR'S NAME Provide (100 P. 2)		THE ABOVE SPACE IS FOR FIL	ING OFFICE USE ONLY
ON TIGE INDIVIDUAL'S SURNAME  INDIVIDUAL'S SURNAME  INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)  INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)  INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)  INDIVIDUAL'S SURNAME  INDIVIDUAL'S SURN	do not omit, modify, or abbreviate any part of the Debtor's name) and	otor name or Debtor name that did not fit in li I enter the mailing address in line 10c	ne 1b or 2b of the Financing Statement (Fo	orm UCC1) (use exact, full name
NOVIDUAL'S FIRST PERSONAL NAME  NOVIDUAL'S SIZE POSTAL CODE  COUNTRY  11				<u> </u>
INDIVIDUALS FIRST PERSONAL NAME INDIVIDUALS ADDITIONAL NAME(SYNNTAL(S)  10: MAILING ADDRESS  CITY  STATE POSTAL CODE COUNTRY  11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only ode name (11e or 11b)  11a. ORGANIZATIONS NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SYNNTIAL(S)  SUFFIX  11c. MAILING ADDRESS  CITY  STATE POSTAL CODE COUNTRY  STATE POSTAL CODE COUNTRY  STATE POSTAL CODE COUNTRY  11c. MAILING ADDRESS  CITY  STATE POSTAL CODE COUNTRY  STATE P	OR 10b INDIVIDUAL'S SURNAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/ANTIAL(S)    Individual's Additional Name(S)/ANTIAL(S)   SUFFIX	iss. instrings, Eddolff full	)		
The individuals surname    Assignor secured party's name   Apolitional name (fla or fitb)	INDIVIDUAL'S FIRST PERSONAL NAME			
The individuals surname    Assignor secured party's name   Apolitional name (fla or fitb)	INDIVIDUAL'S ADDITIONAL NAME(SVINITIAL(S)	0/		
11. ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)  11a ORGANIZATION'S NAME  OR 11b INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  OTY  STATE POSTAL CODE  COUNTRY  12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)  CARRIER A/C Condenser M# 24ACB348A0N3 S# 2016E27683 ADP Evaporator Coil Mile HE35148A170 S#  7116C20033  13. This FINANCING STATEMENT is to be filled flor record (or recorded) in the REAL ESTATE RECORD (if applicable)  15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest).	The state of the s	4		SUFFIX
The individual's surname  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  11c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)  CARRIER A/C Condenser M# 24ACB348A0N3 S# 2016E27683 ADP Evaporator Coil in ## HE35148A170 S#  7.116C20033  This FINANCING STATEMENT is to be fired flor record (or recorded) in the REAL ESTATE RECORDS (if applicable)  15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):  16. Description for the between the conditional estate in the post of the condition of t	10c. MAILING ADDRESS	CITY	STATE POSTAL CO	ODE COUNTRY
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The individual survival address   Personal Name   Additional Name(s) initial(s)   Suffix      11c Malling address   Oity   State   Postal code   Country     12. Additional space for item 4 (Collateral)     13. Additional space for item 4 (Collateral)     14. This Financing statement   Financing statement     15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):     16. Description of real estate     17. This Financing statement     18. This Financing statement     19. This Financing statement     19. This Financing statement     10. Description of real estate     11. This Financing statement     12. This Financing statement     13. This Financing statement     14. This Financing statement     15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):     16. Description of real estate     17. This Financing statement     18. This Financing statement     19. This Financing statement				
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral).  CARRIER A/C Condenser M# 24ACB348A0N3 S# 2016E27683 ADP Evaporator Coil (15); HE35148A170 S# 7116C20033  13.   This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  14. This FINANCING STATEMENT:	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S	)/INITIAL(S) SUFFIX
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)  CARRIER A/C Condenser M# 24ACB348A0N3 S# 2016E27683 ADP Evaporator Coi   Mil HE35148A170 S#  7116C20033  13.  This Financing Statement is to be filed for record (or recorded) in the REAL ESTATE RECORDS (if applicable)  15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):  16. Description of real estate.  PIN: 31-35-326-001-0000. See attached Exhibit.	11c. MAILING ADDRESS	CITY	STATE POSTAL CO	DDE COUNTRY
CARRIER A/C Condenser M# 24ACB348A0N3 S# 2016E27683 ADP Evaporator Coil (1): HE35148A170 S# 7116C20033    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   16. Description of real estate:   PIN: 31-35-326-001-0000. See attached Exhibit.				
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    16. Description of real estate.  PIN: 31-35-326-001-0000. See attached Exhibit.	12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): CARRIER A/C Condenser M# 24ACR348A0N	3 S# 2016E27602 ADD Eve	provide C-il (Di UEOE449)	170.00
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(if Debtor does not have a record interest):  16. Description of real estate:  PIN: 31-35-326-001-0000. See attached Exhibit.	<ol> <li>This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)</li> </ol>			
PIN: 31-35-326-001-0000. See attached Exhibit.	15. Name and address of a RECORD OWNER of real estate described in it.		covers as-extracted collateral	is filed as a fixture filing
7. MISCELLANEOUS:	(If Deotor does not have a record interest):		-0000. See attached Exhibi	t.
7. MISCELLANEOUS:				
/ MIGGELLANEOUS.	17 MISCELLANEOUS			
	TO MICOLELANEOUS.			— <del>.</del>

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LOT 33 IN FARM TRACE SUBDIVISION PHASE 1, BEING A SUBDIVISION OF PART OF THE SOUTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 35, TOWNSHIP 35 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of County Clerk's Office