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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

3b. INDIVIDUAL'S SURNAME

3c. MAILING ADDRESS P.O. Box 70085

A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5	294
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
1330 87539 Corporation Service Company 801 Adlai Stevenson Drive	一
Springfield, IL 6270°	Filed In: Illinois (Cook)
A DEDTODIO MANGE	

	1717913065			
Doc#	1717913065 F	ee	\$40.	00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A.YARBROUGH

COOK COUNTY RECORDER OF DEEDS

ADDITIONAL NAME(S)/INITIAL(S)

POSTAL CODE

21707

STATE

DATE: 06/28/2017 03:48 PM PG: 1 OF 2

		THE ABO	IVE SPACE IS FO	R FILING OFFICE USE	ONLY
	DEBTOR'S NAME: Provide only not better name (1a or 1b) (use exact name will not fit in line 1b, leave all of item in the nk, check here and pro	· · · · · · · · · · · · · · · · · · ·			
	1a. ORGANIZATION'S NAME				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	Hardy	Johnny			
1c.	MAILING ADDRESS 3443 W 155th St	CITY	STATE	POSTAL CODE	COUNTRY
		Markham	IL	60428	USA
	DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact name will not fit in line 2b, leave all of item 2 blank, check here and provide and	1	• •		
OR	2b. INDIVIDUAL'S SURNAME	FIRST PER JON \L NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
	Hardy	Erin			
2c.	MAILING ADDRESS 3443 W 155th St	CITY	STATE	POSTAL CODE	COUNTRY
		Markham	IL	60428	USA
3. §	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR)	SECURED PARTY): Provide only one Secretary	Party name (3a or 3b)	
	3a. ORGANIZATION'S NAME MICFOF	C	7		

4. COLLATERAL: This financing statement covers the following collateral: All of the Debtor's right, title and interest, now existing and hereafter arising, in and to all of the Equipment subject to that certain Lease No. 60288 between Debtor as Lessee and Microf, LLC as Lessor, (ii) all insurance, warranty, rental and other claims and rights to payment and chattel paper arising out of such Equipment, (iii) all books, records and proceeds relating to the foregoing, and (iv) any other property or rights to which the Lessee may be or become entitled by reason of

Albany

FIRST PERSONAL NAME

Lessee's interest in the Equipment. For the purposes of this financing statement, "Equipment" shall be further described in item 12 of the UCC1Ad attached hereto, and includes all substitutions, replacements, upgrades, repairs, parts and attachments, improvements and accessions thereto. THIS FILING IS FOR PRECAUTIONARY AND INFORMATIONAL PURPOSES ONLY. THE PARTIES CONSIDER THIS TRANSACTION TO BE A TRUE LEASE. LESSEE HAS NO RIGHT TO SELL OR PLEDGE THE EQUIPMENT, IT IS OWNED BY LESSOR AND LEASED TO LESSEE.

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 only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	1220 97520

1330 87539

SUFFIX

COUNTRY

USA



1717913065 Page: 2 of 2

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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 because Individual Debtor name did not fit, check here	line 1b was left blank]			
9a. ORGANIZATION'S NAME		1			
		1			
OR CO. HUDOWER WAS SUPPLYED.					
90. INDIVIDUAL'S SURNAME					
Hardy		4			
FIRST PERSONAL N'ME					
Johnny	SUFFIX	_			
ADDITIONAL NAME(S)/INIT AL(;)	SUFFIX				
DEPTODIO				IS FOR FILING OFF	
 DEBTOR'S NAME: Provide (10a or 0b), any one additional Debtor name or do not omit, modify, or abbreviate any part of "i.e D" stor's name) and enter the m 		in line 1b or 2b of the Fir	nancing S	Statement (Form UCC1) (use exact, full name;
10a. ORGANIZATION'S NAME					
Total dital in Eliferical in the					
OR 10b, INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
0					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	Z				SUFFIX
10c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
	O ,				
11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNO	OR SECURE) PARTY	"S NAME: Provide on	ly <u>one</u> na	ame (11a or 11b)	
11a. ORGANIZATION'S NAME	77),	ζ,			
OR CONTROL OF SURVIVAL					voi: Toursiy
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIC	NAL NAME(S)/INITIAL	(S) SUFFIX
11c. MAILING ADDRESS	CITY		STATE	IPOSTAL CODE	COUNTRY
TE. MAILING ADDRESS		'Q _A	JINIL.	FOSTAL CODE	COOMING
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):					<u> </u>
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral).			0,		
PAYNE Evaporator Coil M# CAPVU3621ALA S# 201			0		
PAYNE A/C Condenser M# PA13NA0360N0 S# 191	7X34705			$\bigcup_{x_{-}}$	
				TICO	
				10-	
				0	
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATE	EMENT:		_	
	covers timber to be		xtracted	collateral 🚺 is filed	as a fixture filing
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 estat		Aorkh.	am 26N 12E :	1.4
	Lot 3 Prairie Place Manor Hms/Markham, 36N-13E-14, 28-14-402-044-0000 Cook County, IL			14,	
	20-14-402-044-00	JOO COOK COUIT	ιγ, ι∟		
17 MISCELLANEOUS:	l	- · · · · -			