



## **UCC FINANCING STATEMENT**

**FOLLOW INSTRUCTIONS** 

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	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
1331 18038 Corporation Service Company	コ
801 Adlai Stevenson Drive Springfield, IL 6270°	Filed In: Illinois (Cook)†
	(GGGK)
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use	exact, full name; do not omit,

<b>*</b> 1718119842 <b>*</b>	
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Doc# 1718119042 Fee \$40,00

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

KAREN A.YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 06/30/2017 02:08 PM PG: 1 OF 2

	(Cook)	OVE SPACE IS FO	R FILING OFFICE USE	ONLY
1. DEBTOR'S NAME: Provide only the Jebtor name (1a or 1b) (use name will not fit in line 1b, leave all of item 1 bl. nk, check here and	exact, full name; do not omit, modify, or abbreviate d provide the Individual Debtor information in item 1			
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME Jefferson- Abney	FIRST PERSONAL NAME Anita	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)	
1c. MAILING ADDRESS 156 Normandy Dr S	Chicago Hieghts	STATE IL	POSTAL CODE 60411	COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use on name will not fit in line 2b, leave all of item 2 blank, check here and an another and an another and an another and an another another and another another another and another another and another anothe	exact, full it ame; do not omit, modify, or abbreviate a d prov. to and individual Debtor information in item 1			
OR 2b. INDIVIDUAL'S SURNAME	FIRST PEF SON AL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN  3a. ORGANIZATION'S NAME MICROF	OR SECURED PARTY): Provide only one Ser area	Party name (3a or 3b	))	
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	/.DDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS P.O. Box 70085	сіту Albany	STATE)	POSTAL CODE 31707	COUNTRY
4. COLLATERAL: This financing statement covers the following collater: All of the Debtor's right, title and interest, now certain Lease No. 60423 between Debtor as L				

other claims and rights to payment and chattel paper arising out of such Equipment, (iii) all books, rescrets 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

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/But	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	4004 4000

1331 18038

1718119042 Page: 2 of 2

## **UNOFFICIAL COPY**

## UCC FINANCING STATEMENT ADDENDUM

, NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Sta				
because Individual Debtor name did not fit, check here	itement; if line 1b was left blank			
9a, ORGANIZATION'S NAME				
58. ONOANIZATIONS NAME				
9b. INDIVIDUAL'S SURNAME				
Jefferson- Abney				
FIRST PERSONAL N ME				
Anita  ADDITIONAL NAME(S)/INIT (AL( ))	SUFFIX			
ADDITIONAL NAME CONTROL (ALLY)	31.12	THE ABOVE O	NACE IS SOR FILLING OFFICE	HEE ONLY
D. DEBTOR'S NAME: Provide (10a or '0b, or'v one additional Debto	r name or Debtor name that did not fit in t		PACE IS FOR FILING OFFICE	
do not omit, modify, or abbreviate any part of the Publich's name) and er		118 10 01 25 01 lite 1 like	anding Statement (Furn 5001) (da	s exect, tall flattic
10a. ORGANIZATION'S NAME	<u> </u>			
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R 10b. INDIVIDUAL'S SURNAME				
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. MAILING ADDRESS	ICITY	Is	TATE POSTAL CODE	COUNTRY
. ADDITIONAL SECURED PARTY'S NAME or A	SSIGNOR SECUREO FARTY'S	NAME: Provide onli	/ one name (11a or 11b)	Į.
118. ORGANIZATION'S NAME	X.	7,7, (1,1,2,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	( 212 / 12)	
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	A	DDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	3	<u>C</u>		
c. MAILING ADDRESS	CITY	(0,	TATE POSTAL CODE	COUNTRY
		0,	TATE POSTAL CODE	COUNTRY
. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 2017 PAYNE Evaporator Coil M# CNPVP3014.	ALA S# 1917X24006	0	POSTAL CODE	COUNTRY
. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 2017 PAYNE Evaporator Coil M# CNPVP3014. 2017 PAYNE A/C Condenser M# PA13NA030B	ALA S# 1917X24006 BN0 S# 1817X43869		POSTAL CODE	COUNTRY
. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 017 PAYNE Evaporator Coil M# CNPVP3014. 017 PAYNE A/C Condenser M# PA13NA030B	ALA S# 1917X24006 BN0 S# 1817X43869	0,	POSTAL CODE	COUNTRY
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. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 2017 PAYNE Evaporator Coil M# CNPVP3014; 2017 PAYNE A/C Condenser M# PA13NA030E 2017 PAYNE Furnace M# PG8MAA036070 S#	ALA S# 1917X24006 BN0 S# 1817X43869 1717A16650		POSTAL CODE	COUNTRY
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