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UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS Doc# 1812734104 Fee \$42.00 A. NAME & PHONE OF CONTACT AT FILER (optional) 1-800-858-5294 RHSP FEE:59.00 RPRF FEE: \$1.00 B. E-MAIL CONTACT AT FILER (optional) KAREN A.YARBROUGH SPRFiling@cscglobal.com COOK COUNTY RECORDER OF DEEDS C. SEND ACKNOWLEDGMENT TO: (Name and Address) DATE: 05/07/2018 02:24 PM PG: 1 OF 3 1462 68790 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Illinois (Cook) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide only rie Lebtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of kcm 1 Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUFFIX ADDITIONAL NAME(S)/INITIAL(S) SHAKESPEARE **ADDISON** 1c. MAILING ADDRESS 8132 S KINGSTON CITY STATE POSTAL CODE COUNTRY CHICAGO IL 60617 USA 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ex. of otherwise and part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here 🦳 and prov 1e th a h Jividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a, ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME FIRST PERFUNAL 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 ASSIGNOR SECURED PARTY): Provide only une Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Aqua Finance, Inc. 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS One Corporate Drive Suite 300 STAIL POSTAL CODE COUNTRY V Wausau 54401 **USA** 4. COLLATERAL: This financing statement covers the following collateral: HOME IMPROVEMENT

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/Bu	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: :CXSX402563556	1462 6879

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UCC FINANCING STATEMENT ADDENDUM

NAME OF FIRST DEDTOR: O				
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State because Individual Debtor name did not fit, check here	ement; if line 1b was left blank			
9a. ORGANIZATION'S NAME				
96. INDIVIDUAL'S SURNAME				
SHAKESPEARE				
FIRST PERSONAL NAME ADDISON				
ADDITIONAL NAME(S)/I/vITI/.L(S)	SUFFIX			
<u> </u>			SPACE IS FOR FILING	
 DEBTOR'S NAME: Provide (10a or 10c) only one additional Debtor r do not omit, modify, or abbreviate any part on the partor's name) and enter 	name or Debtor name that did not fit in l er the mailing address in line 10c	ine 1b or 2b of the Fi	nancing Statement (Form UC	CC1) (use exact, full name;
10a. ORGANIZATION'S NAME				·
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10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
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INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	94			SUFFIX
ic. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
	SIGNOR SECURED PARTYS	NAME: Provide o	nly <u>one</u> name (11a or 11b)	
11a. ORGANIZATION'S NAME	'//×			
T1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INIT	TIAL(S) SUFFIX
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EXHIBIT "A" LEGAL DESCRIPTION

LOT 11 (EXCEPT THE SOUTH 1.50 FEET THEREOF) IN BLOCK 2 IN THE SUBDIVISION OF LOTS 1 TO 10, BOTH INCLUSIVE, IN CHARLES RINGER'S SOUTH SHORE ADDITION, BEING A SUBDIVISION OF THE EAST & OF THE SOUTHWEST & OF THE NORTHWEST & OF SECTION 31, TOWNSHIP 38 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PERMANENT KEAL ESTATE INDEX NUMBER(S): 21-31-118-048 ADDRESS(ES) OF REAL ESTATE: 8132 S. KINGSTON, CHICAGO, IL 60617

STATE OF COUNTY CIENTS OFFICE