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UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS			145064 Fee \$40 	3.00	
A. NAME & PHONE OF CONTACT AT FILER (optional)	<del></del>	RHSP FEE:\$9.00 RPRF FEE: \$1.00			
CSC 1-800-858-5294		KAREN A.YARBR			
B. E-MAIL CONTACT AT FILER (optional)		COOK COUNTY R	ECORDER OF DEEDS		
SPRFiling@cscglobal.com		DATE: 07/23/20	018 03:08 PM PG:		
C. SEND ACKNOWLEDGMENT TO: (Name and Address	)		03.00 PH PG:	1 OF 2	
1487 37043	, 7				
CSC					
801 Adlai Stevenson Drive					
Springfield, IL 62704	Filed In: Illinois				
	(Coak)				
		THE ABOVE SPACE IS FO	R FILING OFFICE USE	ONLY	
DEBTOR'S NAME: Provide on', one Debtor name (1a or 1b name will not fit in line 1b, leave all of iter 1 blank, check here.	) (use exact, full name; do not omit, modify, or a and provide the Individual Debtor information				
1a, ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
Washington	Yolanda				
1c. MAILING ADDRESS 3717 W. 82nd St.	Chicago	STATE IL	POSTAL CODE 60652	COUNTRY	
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) name will not fit in line 2b, leave all of item 2 blank, check here	) (use exact, ull ، ame; do not omit, modify, or a and provide the Individual Debtor information				
2a. ORGANIZATION'S NAME	C				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PET SOLAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
Washington	Larry				
2c. MAILING ADDRESS 3717 W. 82nd St.	CITY	STATE	POSTAL CODE	COUNTRY	
5, 7, 1, 5 <u>2</u> ,1, 5 5,	Chicago	IL.	60652	USA	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of A	SSIGNOR SECURED PARTY): Provide only or	ne Serured Party name (3a or 3)	) )	1	
3a. ORGANIZATION'S NAME MICFOF		C/2			
OR 3b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	LADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
		4	= 1=7(=7		
3c. MAILING ADDRESS P.O. Box 70085	CITY	STATE	POSTAL CODE	COUNTRY	
	Albany	GA	51707	USA	

. 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. 70584 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, recards 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.

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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	_	1
6a. Check only if applicable and check only one box:  6b. Check only if applicable and check only one box:	5	_//
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing	_0	<u>~\</u>
7. ALTERNATIVE DESIGNATION (if applicable):		Y
8. OPTIONAL FILER REFERENCE DATA: 1487 3704	31	U

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## **UCC FINANCING STATEMENT ADDENDUM**

_	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financi	ng Statement; if line 1b was left blank				
	because Individual Debtor name did not fit, check here					
0.5						
UH	9b. INDIVIDUAL'S SURNAME  Washington  FIRST PERSONAL NUMB.					
	Yolanda  ADDITIONAL NAME(S)/INIT IAL( 5)	SUFFIX				
10	DEBTOR'S NAME: Provide (10a or 10b), or'v one additional	Debtor name or Debtor name that did not fit in I			IS FOR FILING OFFICE	
10.	do not omit, modify, or abbreviate any part of the Fiction's name)  10a. ORGANIZATION'S NAME					
OF	10b. INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME	<u>C</u>				
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	<del></del>			<del></del>	SUFFIX
100	. MAILING ADDRESS	СІТУ		STATE	POSTAL CODE	COUNTRY
11. OR	11a. ORGANIZATION'S NAME	ASSIGNOR SECURED FARTY'S	NAME: Provide o			_
	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	0		ONAL NAME(S)/INITIAL(S)	SUFFIX
110	. MAILING ADDRESS	CITY	0	STATE	POSTAL CODE	COUNTRY
S	ADDITIONAL SPACE FOR ITEM 4 (Collateral): 018 CARRIER Furnace M# 58CTW070 # 1418X62307 2018 CARRIER A/C Cond	enser M# 24ACB330ABN3 S	ARRIER Eva # 1318E2040	aporat	or Coil M# CNPVI	P3017ALA
13.	This FINANCING STATEMENT is to be filed [for record] (or re REAL ESTATE RECORDS (if applicable)	ecorded) in the 14. This FINANCING STATEM covers timber to be cu	_	extracted	collateral 🔽 is filed as a	ı fixture filing
15.	Name and address of a RECORD OWNER of real estate described (if Debtor does not have a record interest):	d in item 16  16. Description of real estate: Lot 7-8, Block 6, Cl Range 13 E, Cook		divisio	n, Section 35, Tov	vnship 38 N