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UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS		!		*1830417051*	
A, NAME & PHONE OF CONTACT AT FILER (optional)		Doc#	1839	417051 Fee \$68	3.00
B. E-MAIL CONTACT AT FILER (optional)		RHSP FE	E:\$9.0	0 RPRF FEE: \$1 00	į.
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		I LAKEN A	. YARBR	0UGH	1
5. OLIVO MONTO VILLED ONICE IN TO . (Cashing and Manager)	$\overline{}$	COOK COL			
South End Capital Corporation 4515 White Oak Place	1	DATE: 16	3/31/20	118 84.00 5	1 OF 4
Encino, CA 91316				the statement of the same	•
		THE ABOVE OR A	05 10 50	NO EU INO OFFICE HAS A	
. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full	name: do not omit.			OR FILING OFFICE USE O	
		or information in item 10 of the Fir			
Hilhaven, LLC					
1b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
1041 N. California Avenue	Chicago		IL	60622	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact of name will not fit in line 2b, leave all of item 2 blank, check here and provide		modify, or abbreviate any part of or information in item 10 of the Fir			
2a. ORGANIZATION'S NAME	7			2	
R 2b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
		<u> </u>			USA
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURE. 3a. ORGANIZATION'S NAME	JRED PARTY): Pro	ovide only one Secured Party name	e (3a or 3)	p)	
South End Capital Corporation					
36. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	JADOITIO I	NAL NAME(S)/INITIAL(S)	SUFFIX
: MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
4515 White Oak Place	Encino		C.A	91316	USA
All inventory, equipment, accounts (including but not limited but not limited to all promissory notes), letter-of-credit rights other rights to payment and performance, and general intarcelating to the real property described on Exhibit "A" attached before extraction relating to the Property; all oil, gas, other mined fixtures relating to the Property; all timber to be cut relating tools, parts, repairs, supplies, and commingled goods relating any part of the Property; all insurance refunds relating to the period of the Property; and all equipmed and data on electronic media; and all supporting obligations whether now owned or hereafter acquired or whether now or including but not limited to all insurance payments) of or relating but not limited to all insurance payments) of or relating to the property and all supporting on the property and all supporting obligations.	s, letters of cringibles (included hereto and in nerals and accig to the Propeg to the Property; lent, inventory ligations relations relations subsections.	edit, documents, depositing but not limited to a nade a part hereof (the "Founts constituting as-extorty; all attachments, accorty, and all additions, repall good will relating to and software to utilize, ng to the Property; all wiject to any rights in the l	t account software tracted essions the Proceedings the Procede, hether i	nts, investment proper are and all payment in the payment in the p	rty, money, intangibles) her minerals he Property; , increases, ns for all or d data and s any such fter arising,
	(see UCC1Ad, item			red by a Decedent's Personal	
ia. Check only if applicable and check only one box:	A Dation '-	_	_ `	if applicable and check only or	
Public-Finance Transaction Manufactured-Home Transaction	_	a Transmitting Utility		tural Lien Non-UCC i	<del></del>
ALTERNATIVE DESIGNATION (if applicable): LILL Lessee/Lessor LILL  DOPTIONAL FILER REFERENCE DATA:  FIXTURE FILING TO BE RECORDED IN THE PUBL	Consignee/Consign			ilee/Bailor Licens	ee/Licensor
ILING OFFICE COPY — UCC FINANCING STATEMENT (Form UC			Finas:r	N Broadway, Suite 100, F	ortland, OR

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DELOW INSTRUCTIONS  NAME OF FIRST DEBTOR: Same as line 1a or 1b on Finance	cing Statement; if line 1b was left bla	nk				
because Individual Debtor name did not fit, check here  9a, ORGANIZATION'S NAME	<del></del>					
Hilhaven, LLC						
·						
9b, INDIVIDUAL'S SURNAME	<del></del>					
FIRST PERSONAL N', M.						
ADDITIONAL NAME(S)/INIT/AL(S)	SUF	FIX				
DEBTOR'S NAME: Provide (10a or 10h) anly one additional					IS FOR FILING OFFICE Statement (Form UCC1) (use	
do not omit, modify, or abbreviate any pan of "ie c" btor's name	) and enter the mailing address in iii	16 10C				
10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME	<del></del>					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	-0					SUFFIX
INDIVIDUALS ADDITIONAL INNIEQUINITIALIQ	4					Johnx
c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME of	ASSIGNOR SECURED	PARTY'S	NAME: Provide of	nly <u>one</u> na	ame (11a or 11b)	
11a. ORGANIZATION'S NAME		77x,				
116. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY	· · · · · · · · · · · · · · · · · · ·		STATE	POSTAL CODE	COUNTRY
: ADDITIONAL SPACE FOR ITEM 4 (Collateral):				47	<u> </u>	ļ
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This FINANCING STATEMENT is to be filed [for record] (or REAL ESTATE RECORDS (if applicable)	recorded) in the 14. This FINANCI		_	hetrariye	collateral X is filed as a	fixture filion
	ed in item 16 16. Description of		<u>[25]</u> 601013 23	DADGOOG (	Material (71) to filed as a	incure illing
<ul> <li>Name and address of a RECORD OWNER of real estate describe (if Debtor does not have a record interest):</li> </ul>	l ⊢xhibit A					
	Exhibit A.					
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	Exhibit A.					

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IL SECRETARY OF STATE UNIFORM COMMERCIAL CODE 10/16/18 09:07 UCC FINANCING STATEMENT \$20.00 Electronic FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) 23822636 FS 508-948-3320 Jill Coffey B. E-MAIL CONTACT AT FILER (optional) jcoffey@res-title.com C. SEND ACKNOWLEDC. 1EN TTO: (Name and Address) Jill Coffey METRO CENTER BLVD SUITE 4 WARVICK RI, 02886 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide only one Debtor name (2° or 2b) (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 25, leave all of item 2 blank, wheck here 🦳 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC 1Ad) a. ORGANIZATION'S NAME Hilhaven LLC OR 15, INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 1c. MAILING ADDRESS POSTAL CODE COUNTRY 1041 N California Avenue Chicago 60622 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do n/, 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 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC 1Ad) OR 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2c. MAILING ADDRESS CITY POSTAL CODE STATE COUNTRY 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one secured party (3a or 3b) 3a. ORGANIZATION'S NAME South End Capital Corporation OR 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADLIT ONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 4515 White Oak Place Encino CA 91315 USA 4. COLLATERAL: This financing statement covers the following collatera ALL INVENTORY, EQUIPMENT, ACCOUNTS (INCLUDING BUT NOT LIMITED TO ALL HEALTH-CARE INSURANCE RECEIVABLES). CHATTEL PAPER, INSTRUMENTS (INCLUDING BUT NOT LIMITED TO ALL PROMISSORY NOTES), LETTER-OF-CREDIT RICHTS, LETTERS OF CREDIT, DOCUMENTS, DEPOSIT ACCOUNTS, INVESTMENT PROPERTY, MONEY, OTHER RIGHTS TO PAYMENT AND PERFORMANCE, AND GENERAL INTANGIBLES (INCLUDING BUT NOT LIMITED TO ALL SOFTWARE AND ALL PAYMENT INTANGIBLES) RELATING TO THE REAL PROPERTY DESCRIBED ON EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF (THE "PROPERTY"); ALL OIL, GAS AND OTHER MINERALS BEFORE EXTRACTION RELATING TO THE PROPERTY; ALL OIL, GAS, OTHER MINERALS AND ACCOUNTS CONSTITUTING AS -EXTRACTED COLLATERAL RELATING TO THE PROPERTY; ALL FIXTURES RELATING TO THE PROPERTY; ALL TIMBER TO BE CUT RELATING TO THE PROPERTY; ALL ATTACHMENTS ACCESSIONS, ACCESSORIES, FITTINGS, INCREASES, TOOLS, PARTS, REPAIRS, SUPPLIES, AND COMMINGLED GOODS RELATING TO THE PROPERTY, AND ALL ADDITIONS, REPLACEMENTS OF AND SUBSTITUTIONS FOR ALL OR ANY PART OF THE PROPERTY; ALL INSURANCE REFUNDS RELATING TO THE PROPERTY; ALL GOOD WILL RELATING TO THE PROPERTY; ALL RECORDS AND DATA 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 Decendent'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 ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

FILING OFFICE COPY - UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

8. OPTIONAL FILER REFERENCE DATA:

FIXTURE FILING

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UCC FINANCING STATEMENT ADDENDUM			RECEIVED						
for tow instructions				IL S	SECRET	`ARY C	F STATE	3	
9. NAME OF FIRST DEBTOR: Same as line to or the on Financing Statement; if line the was left blank			UNIFORM COMMERCIAL CODE						
b	ecause Individual Debtor name did not fit, check here				10/16/1	8 0	9:07		
	9a. ORGANIZATION'S NAME				\$20.00				
	Hilhaven LLC				4220,000	15100			
				23	38226	336		FS	
OR	9b. INDIVIDUAL'S SURNAME		-	_,					
	FIRST PERSONAL NA A F								
	ADDITIONAL NAME(S)/ (ITIAL'S)	SUFFIX	-						
	0		THI	E ABOVE SP	ACE IS FO	R FILING C	FFICE USE C	ONLY	
	DEBTOR'S NAME: Provide (10a o. 10 1) thy one additional Debtor name or Debtor n		in line 1b or 2b o	of the Financi	ng Stateme	ent (form U	CC1) (use exa	act, full name;	
	do not omit, modify, or abbreviate and pail of the Debtor's name) and enter the mailing add 10a. ORGANIZATION'S NAME	ress in line 10c							
	NO. OKOMILENIONO MAINE								
OR	10b. INDIVIDUAL'S SURNAME								
	O <sub>j</sub> c								
	INDIVIDUAL'S FIRST PERSONAL NAME								
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	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)							SUFFIX	
100	. MAILING ADDRESS	CITY			STATE	POSTAL	CODE	COUNTRY	
11.	$\square$ ADDITIONAL SECURED PARTY'S NAME $\ _{ exttt{or}}\ \square$ ASSIGNOR SECURE	DP (RT /'S NA	ME: Provide o	nly <u>one</u> nam	e (11a or 1	1b)			
	11a, ORGANIZATION'S NAME	4							
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONA	V NACIE		ADDITION	AL NAME(	S)/INITIAL(S)	SUFFIX	
	The Method Co community	1 11101 1 21100111			100000	~L 11/10/L	<i>- - - - - - - - - -</i>		
11¢	MAILING ADDRESS	CITY		),	STATE	POSTAL C	ODE	COUNTRY	
	· .			<del>-</del>	<u> </u>				
	ADDITIONAL SPACE FOR ITEM 4 (Collateral): D EMBEDDED SOFTWARE RELATING TO THE PROPERTY, AN	D ALL FOLLIDA	MENT INVE	NTORY	AND SO	ET\A/AR	E TO LITI	1 17 E	
	EATE, MAINTAIN AND PROCESS ANY SUCH RECORDS AND D								
	LATING TO THE PROPERTY; ALL WHETHER NOW EXISTING C REAFTER ACQUIRED OR WHETHER NOW OR HEREAFTER S							DODLICTS	
	D PROCEEDS (INCLUDING BUT NOT LIMITED TO ALL INSURAN				TOT	E P (OF	ERTY.	RODOCTS	
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13.	✓ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINANCI	NG STATEMENT	ŗ.					
	REAL ESTATE RECORDS (if applicable)	l <u>—</u>	ber to be cut	_	s-extracted	collateral	is filed a	s a fixture filing	
15.	Name and address of a RECORD OWNER of real estate described in item 16	16. Description of	real estate:						
	(if Debtor does not have a record interest):								
		THE FOLLOWI	NG DESCRIE	BED REAL	ESTATE	SITUATE	ED IN THE	COUNTY	
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		NORTHWEST NORTH, RANG							
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17.	MISCELLANEOUS:								