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NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com SEND ACKNOWLEDGMENT TO: (Name and Address)					4 8 8
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SEND ACTIONEED CHIEFT TO: (Name and Address)		RHSP FEE:\$9.00 RPRF FEE: \$1.00			
1560 49145					
CSC 801 Adlai Stevenson Drive				CORDER OF DEEDS	,
Springfield, IL 62703	Filed In: Illinois (Cook)			18 02:40 PM PG:	1 OF 2
		THE A			
DEBTOR'S NAME: Provide only ne Debtor name (1a or 1b) (use ex-	act, full name; do not omit, modify, provide the Individual Debtor inform				
1a. ORGANIZATION'S NAME				<u> </u>	
1b. INDIVIDUAL'S SURNAME Harris	FIRST PERSONAL NAME Brenda		ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS 10960 S Church St	Chicago	I	STATE	POSTAL CODE 60643	COUNTR
DEDITORIO MANTE					
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use ex- name will not fit in line 2b, leave all of item 2 blank, check here and p	provide he 'individual Debtor inform				
2a. ORGANIZATION'S NAME	To	- N. ± 11			
25. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	: I	ADDITIC	ONAL NAME(S)/INITIAL(S)	SUFFIX
28. INDIVIDUALS GUNYAME	THOTY ENDOTY SERVICE	-	•		
MAILING ADDRESS	CITY	×.	STATE	POSTAL CODE	COUNTR
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR	R SECURED PARTY): Provide on	v one Security Party name	(3a or 3l	<u> </u>	
3a. ORGANIZATION'S NAME Foundation Finance Comp					
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	- O-	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
SS. IIIS VISSALO GOLLAVIIILE		1/4	-/	· · · · · · · · · · · · · · · · · · ·	
MAILING ADDRESS 7802 Meadow Rock Drive	сіту Weston		VV.	POSTAL CODE 54476	COUNTR
COLLATERAL: This financing statement covers the following collateral: Valk in Tub and Bathroom		L			
vaik in Tub and Bathroom Brenda Harris					
0960 S Church St				'Co	
Chicago IL 60643				C	
Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Check <u>only</u> if applicable and check <u>only</u> one box:	a Trust (see UCC1Ad, item 17 and			red by a Decedent's Person if applicable and check only	

8. OPTIONAL FILER REFERENCE DATA: 1-572124-1/60007875

1560 49145

1834444042 Page: 2 of 2

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS						
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State because Individual Debtor name did not fit, check here	tement; if line 1b was left blank					
9a, ORGANIZATION'S NAME						
OR 9b. INDIVIDUAL'S SURNAME						
Harris FIRST PERSONAL NAME						
Brenda ADDITIONAL NAME(S)/(NIT'AL(S)	SUFFiX					
10. DEBTOR'S NAME: Provide (10a or 0c) inly one additional Debto		HE ABOVE SPACE IS FOR FILING OFFIC				
do not omit, modify, or abbreviate any part of the Unitor's name) and e		or 25 of the Financial Goldenburg Commons (1)				
10a, ORGANIZATION'S NAME						
OR 10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME	0_					
INDIVIDUAL'S ADDITIONAL NAME(\$)/INITIAL(\$)	-		SUFFIX			
10c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY			
	SSIGNOR SECURE) PARTY'S NAM	E: Provide only one name (11a or 11b)				
11a. ORGANIZATION'S NAME	17/					
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX			
11c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY			
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		T				
		3,				
		O/Sc.				
		0				
13. This FINANCING STATEMENT is to be filed [for record] (or recorde REAL ESTATE RECORDS (if applicable)	d) in the 14. This FINANCING STATEMENT:	covers as-extracted collateral is filed a	s a fixture filing			
15. Name and address of a RECORD OWNER of real estate described in ite (if Debtor does not have a record interest): Brenda Harris	1 1 '	N WASHINGTON HEIGHTS IN	N THE			
10960 S Church St		SOUTH EAST QUARTER OF SECTION 18, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL				
Chicago IL 60643	MERIDIAN, IN COOK (AL			
	Munic/Township: LAKE APN: 25-18-414-019-00					
	Census Tract / Block: 7					
	Township-Range-Sect:	37-14-18 Subdivision: WASH	INGTON			
17. MISCELLANEOUS:						