## **UNOFFICIAL COPY**

JCC FINANCING STATEMENT OLLOW INSTRUCTIONS				, 1861&1 III	*196 *196	33513062*	III 81118 1181 1881	
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294	Doc# 1903513062 Fee \$40.00							
B. E-MAIL CONTACT AT FILER (optional)				RHSP FEE Eduard M		PRF FEE: \$	1.00	
SPRFiling@cscglobal.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address)	<del> </del>							
1585 35590						DER OF DEE		
CSC -		1		JANEL OF	,04,5013	03:16 PM	PG: 1 0F	
801 Adlai Stevenson Drive								
Springfield, IL 6270°	File	ed In: Illinois (Cook)	•					
		(000.7)	THE ABOV	E SPACE IS F	OR FILING	OFFICE USE	DNLY	
DEBTOR'S NAME: Provide only and (Jebtor name (1a or 1b) name will not fit in line 1b, leave all of item is blank, check here			modify, or abbreviate any or information in item 10 o					
R								
1b. INDIVIDUAL'S SURNAME MOORE	C	FIRST PERSONA Rhonda	L NAME	ADDITH	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX			
. MAILING ADDRESS 3705 Edgewater Dr	C	сіту Hazel Cres	t	STATE IL	POSTAL C 60429		COUNTRY	
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			modify, or abbreviate any or information in item 10 o					
2a. ORGANIZATION'S NAME		'						
R 2b. INDIVIDUAL'S SURNAME	FIRST PEF SON A	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX					
; MAILING ADDRESS		CITY	CITY			ODE	COUNTRY	
SECURED PARTY'S NAME (or NAME of ASSIGNEE of AS 3a, ORGANIZATION'S NAME MICROF	SIGNOR SECL	JRED PARTY): Prov	vide only <u>one</u> Secared Ta	rty name (3a or 3	36)			
Sa. OROANIZATION S NAME (VIICO)		•						
3b. INDIVIDUAL'S SURNAME		FIRST PERSONA	L NAME	/ DDITIO	ONAL NAME(S	S)/INITIAL(S)	SUFFIX	
MAILING ADDRESS P.O. Box 70085		CITY Albany		STATE GA	POSTAL C		COUNTRY	
COLLATERAL: This financing statement covers the following co All of the Debtor's right, title and interest, n certain Lease No. 86148 between Debtor a	as Lessee	ng and herea and Microf,l	LLC as Lessor,(	ii) all <b>insur</b> a	ance, wa	rranty, ren	ital and	
other claims and rights to payment and cha relating to the foregoing, and (iv) any other								
of Lessee's interest in the Equipment. For								
described in item 12 of the UCC1Ad attach parts and attachments, improvements and								
INFORMATIONAL PURPOSES ONLY. TH	IE PARTI	ES CONSIDI	ER THIS TRAN	SACTION	TO BE A	TRUE LE	ASE.	
LESSEE HAS NO RIGHT TO SELL OR PL	EDGE T	HE EQUIPM	ENT, IT IS OWI	NED BY LE	ESSOR A	AND LEAS	ED TO	
LESSEE.								
Check only if applicable and check only one box: Collateral is	held in a Trust	(see UCC1Ad, item	17 and Instructions)	being administ	ered by a Dec	edent's Persona	l Representative	
a. Check only if applicable and check only one box:		<u>.                                    </u>	· <b>L</b>			and check only o		
Public-Finance Transaction Manufactured-Home T			Transmitting Utility	<del></del>	ıltural Lien	Non-UCC		
ALTERNATIVE DESIGNATION (if applicable): Lessee/Lesse	or 📙	Consignee/Consigne	or Seller/Buy	er LB	ailee/Bailor	Licen	see/Licensor	
OPTIONAL FILER REFERENCE DATA:							1585 3559	

1903513062 Page: 2 of 2

## **UNOFFICIAL COPY**

## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS						
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; i because Individual Debtor name did not fit, check here						
9a. ORGANIZATION'S NAME						
OR						
9b. INDIVIDUAL'S SURNAME  Moore	ľ					
FIRST PERSONAL N' ME						
Rhonda  Additional name(s)/init al(5)						
AGO HOME WANTE (Option Act, )	SUFFIX	THE ABOVE	SPACE I	S FOR FILING OFFICE	USE ONLY	
10. DEBTOR'S NAME: Provide (10a or 10b), only one additional Debtor name of do not omit, modify, or abbreviate any part of the Divitor's name) and enter the name of the Divitor's name of the Divitor's name.			ine 1b or 2b of the F	inancing S	itatement (Form UCC1) (use	exact, full name;
10a. ORGANIZATION'S NAME	maining address in	1 1110 100		_		
OR 10b. INDIVIDUAL'S SURNAME						
10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	)		· · ·			SUFFIX
	$\mathcal{I}_{\triangle}$					
10c. MAILING ADDRESS	CITY			STATE .	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	OR SECURE	O PARTY'S	NAME: Provide of	nly <u>one</u> na	ime (11a or 11b)	ļ
11a. ORGANIZATION'S NAME		17	)			
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME		ADDITIO	NAL NAME(S)/INITIAL(\$)	SUFFIX
11c. MAILING ADDRESS	CITY		0,	STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	<u> </u>			1	l .	
2019 CARRIER 58PHB135120 110,000 BTUS				0.		
•					U <sub>Sc.</sub>	
					1/iC	
					6	
13.  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14 This FINAN	NCING STATEM	· IENT:		·	
REAL ESTATE RECORDS (if applicable)		timber to be co		extracted o	collateral 🚺 is filed as a	fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):  16. Description of real estate:  LOT 117 IN DYNASTY LAKE ESTATES UNIT 3, BEING A						
	SUBDIVIS	SIONOF F	PART OF TH	E NOF	RTHWEST QUAR	TER OF
					RANGE 13, EAST OK COUNTY, ILL	
	31-02-100				011 0001111, 122	
17. MISCELLANEOUS:						