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CC LIMMIACIMO VIVILIMILIAI	JCC FINANCING STATEMENT						
DLLOWINSTRUCTIONS		•		*1903513068	¢;		
NAME & PHONE OF CONTACT AT FILER (optional)		1	Doc#	1903513068 Fe	e \$40.00		
CSC 1-800-858-5294 E-MAIL CONTACT AT FILER (optional)			DHSD FF	E:\$9.00 RPRF FEE:	£1.00		
SPRFiling@cscglobal.com					21,00		
SEND ACKNOWLEDGMENT TO: (Name and Address)		EDWARD M. MOODY COOK COUNTY RECORDER OF DEEDS					
1577 59165							
CSC	f		DATE: 02	2/04/2019 03:21 P	M PG: 1 0		
801 Adlai Stevenson Drive							
Springfield, IL 6270°	Filed In: Illinois						
	(Cook)						
DEPT-OPIG MANE				OR FILING OFFICE USE			
DEBTOR'S NAME: Provide only the Jebtor name (1a or 1b) (use exact, name will not fit in line 1b, leave all of item in blank, check here. and prov		modify, or abbreviate any pa or information in item 10 of th					
1a. ORGANIZATION'S NAME							
					,		
1b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX		
Wilson	Jeffrey		STATE	POSTAL CODE	COUNTRY		
MAILING ADDRESS 3433 N Oriole Ave	Chicago		IL	60634	USA		
DEPTOPIS NAME POLICY STATES OF THE PROPERTY OF) <u> </u>		at of the Debter		Indicate Debter		
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, name will not fit in line 2b, leave all of item 2 blank, check here and prov		or information in item 10 of the					
2a. ORGANIZATION'S NAME	7		<u> </u>				
	(,						
2b. INDIVIDUAL'S SURNAME	FIRST PEF SON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX		
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MAILING ADDRESS	CITY	1/4,	STATE	POSTAL CODE	COUNTRY		
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SECURED DADTV'S NAME (*** NAME of ASSIGNED OF ASSIGNED OF	COURTE BARTY'S Dec	wide only one Control of Both	20 00 21				
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SI 3a. ORGANIZATION'S NAME MICROF	ECURED PARTY): Pro	ovide only <u>one</u> Seced , arty	name (3a or 3t	D)			
	ECURED PARTY): Pro	ovide only <u>one</u> Sec , ed , arty	name (3a or 3t))			
	FIRST PERSONA	6/2)	NAL NAME(S)/INITIAL(S)	SUFFIX		
3a. ORGANIZATION'S NAME MICROF 3b. INDIVIDUAL'S SURNAME	FIRST PERSON/	6/2	OITIQC.\	NAL NAME(S)/INITIAL(S)			
3a. ORGANIZATION'S NAME MICRO F 3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	6/2	/ ODITIO	NAL NAME(S)/INITIAL(S)	COUNTRY		
3a. ORGANIZATION'S NAME MICROF 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS P.O. Box 70085	FIRST PERSON/ CITY Albany	AL NAME	STATE GA	NAL NAME(S)/INITIAL(S) POSTAL CODE 21707	COUNTRY		
3a. ORGANIZATION'S NAME MICROF 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS P.O. Box 70085 COLLATERAL: This financing statement covers the following collateral: Il of the Debtor's right, title and interest, now exis	CITY Albany sting and herea	at NAME	STATE GA	NAL NAME(S)/INITIAL(S) POSTAL CODE 21707 the Egypment su	COUNTRY USA ubject to tha		
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1903513068 Page: 2 of 2

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS						
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statemen because Individual Debtor name did not fit, check here	t; if line 1b was left blank					
9a. ORGANIZATION'S NAME						
-						
OR	, <u></u>					
OR 9b. INDIVIDUAL'S SURNAME Wilson						
FIRST PERSONAL N' ME						
Jeffrey						
ADDITIONAL NAME(S)/INIT AL(;)	SUFFIX	TUE 400UE 0040				
10. DEBTOR'S NAME: Provide (10a or 0b, only one additional Debtor name	or Debtor name that did not fit in t		IS FOR FILING OFFICE Statement (Form UCC1) (use			
do not omit, modify, or abbreviate any part of the Diotor's name) and enter the				,		
10a. ORGANIZATION'S NAME						
OR 10b. INDIVIDUAL'S SURNAME						
1						
INDIVIDUAL'S FIRST PERSONAL NAME)					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	9/			SUFFIX		
	T					
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
11. ADDITIONAL SECURED PARTY'S NAME or ASSIG	NOR SECURE) PARTY'S	NAME: Provide only one	name (11a or 11b)			
11a. ORGANIZATION'S NAME	NON BEGONE 200 NO	TV title, 1 Tovido ditty <u>vity</u>	iamo (112 di 112)			
OR	FIRST PERSONAL NAME	LADDIT	ONAL NAME(S)/INITIAL(S)	SUFFIX		
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	AUDIT	ONAL (VAME(S)/INTTIAL(S)	SUEFIX		
11c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 2018 CARRIER A/C Condenser M# 24ACB736A00		- // /				
2018 CARRIER A/C Condenser M# 24ACB/36A00 2018 CARRIER Furnace M# 58CTW090116 S#		'5				
2010 GANNERY WITHOUT WITH JUST WOOD TO ST	7 10 10/12/0000		0,5			
			C			
		•	0			
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	ne 14. This FINANCING STATEM	ENT:				
REAL ESTATE RECORDS (if applicable)	covers timber to be cu	t covers as-extracted	collateral is filed as a	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 27 in block 2 in	H.O. STONE AND	CO'S SECOND	ADDITION		
	of the East 1/2 of Section 24, Township 40, North, Range 12 Ea					
of the Third Principal Meridian, in Cool County, Illinois APN: 12-24-408-009-0000						
	APN: 12-24-408-00	9-0000				
17 MISCELLANEOUS	1					
17. MISCELLANEOUS:						