

UCC FINANCING STATEMENT	when recorded return to: Paramount Equity Mortgag LLC DBA Loanpal					 	
FOLLOW INSTRUCTIONS  A. NAME & PHONE OF CONTACT AT FILER (opt	ional)		\$ <b>}}                                   </b>	#1916			
			Doc# 1916	4340	79 Fee \$88.00	1	
B. E-MAIL CONTACT AT FILER (optional) filings@loanpalsupport.com			DUSD FFF:49	AA DDI	RF FEE: \$1.00		
C. SEND ACKNOWLEDGMENT TO: (Name and	Address)		EDWARD M. MC				
Paramount Equity Mortgage, LLC DB	A Lagnmal	<b>기  </b>	COOK COUNTY		DER OF DEEDS		
PO Box 4387 Portland, OR 97208	, toanpai				33:35 PM PG: 1	OF 2	
	The state of				OR FILING OFFICE USE		-
1. DEBTOR'S NAME: Provide Unity VIII. Debtor name name will not fit in line 1b, leave at Citr.n.1 blank, che	(1a or 1b) (use exact, full name; do r ck here and provide the Individu	not omit, modify, or abbi ual Debtor information i	eviate any part of t n item 10 of the Fin	he Debto ancing St	''s name); if any part of the atement Addendum (Form t	Individual Debtor's UCC1Ad)	
18. ORGANIZATION'S NAME					<u> </u>	· · · · · · · · · · · · · · · · · · ·	-
OR 1b. INDIVIDUAL'S SURNAME	FIRST D	ERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	_
Thomas	Robo			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TO TO THE LOS MAN TO THE LOS	301111	
1c. MAILING ADDRESS 7539 South Rhodes Avenue	Chic	ago		STATE	POSTAL CODE 60619	COUNTRY	-
DEBTOR'S NAME: Provide only one Debtor name name will not fit in line 2b, leave all of item 2 blank, che     REANIZATION'S NAME					's name); if any part of the atement Addendum (Form (		<u>-</u>
	' (						
OR 2b. INDIVIDUAL'S SURNAME	FIRS	FIRST FERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	-
2c. MAILING ADDRESS	CITY	Dx.		STATE	POSTAL CODE	COUNTRY USA	=
3. SECURED PARTY'S NAME (or NAME of ASSIC	I SNEE of ASSIGNOR SECURED PAR	TY): Provide cnly one S	ecured Party name	(3a or 3t	))		-
3a. ORGANIZATION'S NAME Paramount Equity Mortgage, LLC DBA	Loanpal		し				
OR 3b. INDIVIDUAL'S SURNAME	<u> </u>	ERSONAL NAME	<del>-</del> (Q <sub>A</sub> )	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	-
							_
3c. MAILING ADDRESS	CITY	·11	4	STATE	POSTAL CODE	COUNTRY	
8781 Sierra College Boulevard  4. COLLATERAL: This financing statement covers the	Rose'	ville		CA	95746		-
All of the debtor's right, title and interes but not limited to rooftop solar panels, s brackets, roof mounted or ground mour security interest includes all warranties	it in the Photovoltaic Solar E colar roofing materials, wall r nted racking systems, related	nounted batteries, equipment, and a	stand alone ba	itteries,	inverters, cables and	wires, support	՝ <u> </u>
						<b>~</b>	2
						S_	N
						<b>k</b> d	M,
						SC	<u> </u>
5. Check only if applicable and check only one box: Collate	eral is held in a Trust (see UCC1	Ad, item 17 and Instruc	tions) heina	administe	red by a Decedent's Person	nal Represemative	- h
6a. Check only if applicable and check only one box:		II and module			if applicable and check only		- On
		ebtor is a Transmitting		<del>'</del>	tural Lien X Non-UC		
7. ALTERNATIVE DESIGNATION (if applicable): X L 8. OPTIONAL FILER REFERENCE DATA:	essee/Lessor Consignee	/Consignor	Seller/Buyer	∐ Ba	ilee/Bailor Lice	ensee/Licensor	-6-16

Acct # 1903006510

1916434079 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; if line 1b was left blank because Individual Debtor name did not fit, check here 9a, ORGANIZATION'S NAME 9b. INDIVIDUAL'S SURNAME Thomas FIRST PERSONAL NAME Robert ADDITIONAL NAME(S) NITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or QL) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a, ORGANIZATION'S NAME OR 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a, ORGANIZATION'S NAME OR FIRST PERSONAL NAME 11b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS CITY POSTAL CODE COUNTRY T'S OFFICE 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT covers as-extracted collateral is filed as a fixture filing covers timber to be cut 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) County of: Cook Robert Thomas Address of Real Estate: 7539 South Rhodes Avenue, Chicago, IL, 60619 APN: 20274030190000 SOUTH20 FT LOT21 BLK1 BEING BENJAMI N F CRAWFORDS SUB E503 FT SEC27 W2S E4 S27 T38N R14E 3P 17. MISCELLANEOUS: