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UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com

UCC FINANCING STATEMEN	- Т			1961	#####################################	
A. NAME & PHONE OF CONTACT AT FILER CSC 1-800-858-5294	(optional)		NSP FEE:\$9.00 R	PRF	FEE: \$1.00	
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com			EDWARD M. MOODY		. 45	
C. SEND ACKNOWLEDGMENT TO: (Name and 1668 35471 CSC 801 Adlai Stevenson Drive Springfield, IL 62702	,		DATE: 07/15/2019		01 PM PG: 1 OF 2	!
L	FII	ed In: Illinois (Cook)	THE ABOVE SPACE	IS FC	OR FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only <u>one</u> Debtor in name will not fit in line 1b, leave all of item., b) ink 1a. ORGANIZATION'S NAME		Il name; do not omit, modify, or e the Individual Debtor informat	•			
OR 1b. INDIVIDUAL'S SURNAME Buccieri	Ox	FIRST PERSONAL NAME Joann	AD	DITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 3400 Grand Blvd	C	CITY Brookfield	ST IL	ATE	POSTAL CODE 60513	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor n	ame (2a or 2b) (use exact, fil	ame; do not omit, modify, or	abbreviate any part of the I	Debtor	's name); if any part of the In	dividual Debtor's

1	name will not fit in line 1b, leave all of item , b) ink, check here 🔲 and provide	the Individual Debtor information in item 10 of the F	inancing St	atement Addendum (Form U	CC1Ad)
	1a. ORGANIZATION'S NAME				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	Buccieri	Joann			
1¢.	MAILING ADDRESS 3400 Grand Blvd	CITY	STATE	POSTAL CODE	COUNTRY
		Brookfield	IL	60513	USA
	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use excell full name will not fit in line 2b, leave all of item 2 blank, check here and provide	name; do not omit, modify, or abbreviate any part of the individual Debtor information in item 10 of the F			
0.0	2a, ORGANIZATION'S NAME	0			
OR	2b. INDIVIDUAL'S SURNAME	FIRST PEFSON AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c.	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. 5	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	JRED PARTY): Provide only one Section Party nai	me (3a or 3t	D)	
	3a. ORGANIZATION'S NAME Microf	C/A	· · · · · · · · · · · · · · · · · ·		
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c.	MAILING ADDRESS P.O. Box 70085	CITY	ST/ TE	POSTAL CODE	COUNTRY
	1.0. Dox 10000	Albany	GA	21707	USA

i. COLLATERAL: This financing statement covers the following collateral:
All of the Debtor's right, title and interest, now existing and hereafter arising, in and to all of the Eqripment subject to that certain Lease No. 103326 between Debtor as Lessee and Microf, LLC as Lessor, (ii) all insurance, warranty, rental and other claims and rights to payment and chattel paper arising out of such Equipment,(iii) all books, records and proceeds relating to the foregoing, and (iv) any other property or rights to which the Lessee may be or become chitled by reason of Lessee's interest in the Equipment. For the purposes of this financing statement, "Equipment" shall be further described in item 12 of the UCC1Ad attached hereto, and includes all substitutions, replacements, upgrades, repairs, parts and attachments, improvements and accessions thereto. THIS FILING IS FOR PRECAUTIONARY AND INFORMATIONAL PURPOSES ONLY, THE PARTIES CONSIDER THIS TRANSACTION TO BE A TRUE LEASE. LESSEE HAS NO RIGHT TO SELL OR PLEDGE THE EQUIPMENT, IT IS OWNED BY LESSOR AND LEASED TO LESSEE.

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 Decedent's Personal Representative
6a. Check <u>only</u> if applicable and check <u>only</u> one box:	6b, Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): 🗾 Lessee/Lessor 🔲 Consignee/Consignor 🔲 Seller/Buy	yer Bailee/Bailor Licensee/Licensor
B. OPTIONAL FILER REFERENCE DATA:	1668 35471



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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS			
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stater because Individual Debtor name did not fit, check here	ment; if line 1b was left blank		
9a. ORGANIZATION'S NAME	1		
OR 9b, INDIVIDUAL'S SURNAME		-	
Buccieri			
FIRST PERSONAL N ML			
Joann		_	
ADDITIONAL NAME(\$)/INIT(AL(\$)	SUFFIX		
70		THE ABOVE SPACE IS FOR FILING OFFIC	
 DEBTOR'S NAME: Provide (10a or 10c1) only one additional Debtor nodo not omit, modify, or abbreviate any part of the Elliptor's name) and entered the control of the Elliptor's name. 		tin line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name
10a, ORGANIZATION'S NAME	The manifing decrees in this yes		
OR 10b. INDIVIDUAL'S SURNAME			
)		
INDIVIDUAL'S FIRST PERSONAL NAME)		
AUDIVIDUALIC ADDITIONAL MAME (CVINITIAL (C)	\(\)		SUFFIX
INDÍVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	4		SUFFIX
10c, MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME or ASS	SIGNOR SECURE O FART	Y'S NAME: Provide only one name (11a or 11b)	
11a. ORGANIZATION'S NAME	1)	×	
OR	~~		
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
11c, MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
TIG. WALLING ADDRESS		Ca since some	000111111
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):			1
		2)	
2019 ADP HE32636A155A0004AP 2.5 TON			
2019 TRANE 4TTR3030H1000NA 2.5 TON		U _{jSc.}	
		CO	
		C	
13. This FINANCING STATEMENT is to be filed [for record] (or recorded)	in the 14. This FINANCING STAT	TEMENT:	•
REAL ESTATE RECORDS (if applicable)	covers timber to b	e cut covers as-extracted collateral is filed a	is a fixture filing
15. Name and address of a RECORD OWNER of real estate described in item (if Debtor does not have a record interest):	' '		· 4CT
(ii Dostor dose not nato di costa micros).		.ND 2, IN THE SOUTHEAST GROSS LOCK 53, TOWNSHIP 39 NORTH, F	
		I 34, SITUATE IN THE PROVISO TO	
		NCIPAL MERIDIAN, RECORDED IN	
	IL APN: 15-34-13	30-001-0000	
17. MISCELLANEOUS:			