

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-3	31-3282 Fax: 818-662-4141
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C, SEND ACKNOWLEDGMENT TO: (Name and Address)	25556 - SOLAR MOSAIC
Lien Solutions P.O. Box 29071	72398160
Glendale, CA 91209-9071	ILIL
	FIXTURE
File with: Cook, IL	L



Doc# 1931716208 Fee \$93.00

₹HSP FEE:\$9.00 RPRF FEE: \$1.00

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 11/13/2019 03:41 PM PG: 1 OF 2

MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY	Taylor	FIRST PERSONAL NAME Jessica	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ex. (d. full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor not fit in line 2b, leave at of sem 2 blank, check here and provine its. Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. DRGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME FIRST DEBSONAL NAME ADDITIONAL NAME(SYNITIAL(S) SUFFIX	: MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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UCC FINANCING STATEMENT ADDENDUM

	ecause Individual Debtor name did not fit, check here	line 1b was left b	um mt				
	9a. ORGANIZATION'S NAME						
	· ·						
R	95. INDIVIDUAL'S SURNAME Taylor						
	FIRST PERSONAL NAME Jessica						
	ADDITIONAL NAME(SYINITIAL(S)		SUFFIX	THE ABOV	'E SPACI	E IS FOR FILING	OFFICE USI
	DEBTOR'S NAME: Provide (10a or 10th, and vione additional Debtor name of to not omit, modify, or abbreviate any part of the Debtor's name) and enter the modify.			line 1b or 2b of the	Financing S	itatement (Form UCC	1) (use exact, f
	10a. ORGANIZATION'S NAME				<u> </u>		
R	10b. INDIVIDUAL'S SURNAME						
	INDIVIDUAL'S FIRST PERSONAL NAME	<u>, , , , , , , , , , , , , , , , , , , </u>					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	7					SUFF
0c	. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COU
	☐ ADDITIONAL SECURED PARTY'S NAME	IOR SECURE	PARTY'S	NAME: Provide on	ly <u>one</u> narr	ne (11a or 11b)	
	11a. ORGANIZATION'S NAME		DX				
R	11b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S) SUFF
						Tanaari aasa	
1c	L. MAILING ADDRESS	CITY		0,	STATE	POSTAL CODE	COU
2. /	ADDITIONAL SPACE FOR ITEM 4 (Collateral):		s and Maint	enance Agreem			COU
2. / inc		and Operation position of any	property th	at constitutes C	nent, and	t zed Goods, includ	ding any pay
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