

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS



1933042002

A. NAME & PHONE OF CONTACT AT FILER (optional)
Lien Operations - (512) 735-0364

B. E-MAIL CONTACT AT FILER (optional)
lien@sunpower.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

SunPower Capital, LLC
P.O. BOX 82387, Austin, TX 78708-2387

UCC Fixture: COOK, IL
APN: 25-05-104-013-0000

Doc# 1933042002 Fee \$93.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 11/26/2019 10:11 AM PG: 1 OF 2

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S SURNAME Wells	FIRST PERSONAL NAME John	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
-----------------------------------	-----------------------------	-------------------------------	--------

1c. MAILING ADDRESS 8745 S. Loomis St.	CITY Chicago	STATE IL	POSTAL CODE 60620	COUNTRY USA
---	-----------------	-------------	----------------------	----------------

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
--------------------------	---------------------	-------------------------------	--------

2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
---------------------	------	-------	-------------	---------

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME
PERPETUAL SUNSHINE I, LLC

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
--------------------------	---------------------	-------------------------------	--------

3c. MAILING ADDRESS PO Box 82387	CITY Austin	STATE TX	POSTAL CODE 78708-2387	COUNTRY USA
-------------------------------------	----------------	-------------	---------------------------	----------------

4. COLLATERAL: This financing statement covers the following collateral:

Residential Solar Photovoltaic Equipment. For additional questions, please contact SunPower at HomeSales@sunpower.com or 1-800-SUNPOWER

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 only if applicable and check only one box:
 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:
 Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

PERPETUAL SUNSHINE I, LLC - B94 - 1671726

S Y
P 2
S N
M Y
SC Y
E N

INTAV
D 11-7-19

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	
OR	
9b. INDIVIDUAL'S SURNAME	
Wells	
FIRST PERSONAL NAME	
John	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) 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)					
10c. MAILING ADDRESS		CITY	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					
11b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

covers timber to be cut covers as-extracted 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):

WELLS JOHN N
8745 S. Loomis St.
Chicago, IL 60620

16. Description of real estate:

A PARCEL OF LAND LOCATED IN THE STATE OF ILLINOIS, COUNTY OF COOK, WITH A SITUS ADDRESS OF 8745 S LOOMIS ST, CHICAGO, IL 60620-3420 CURRENTLY OWNED BY WELLS JOHN N HAVING A TAX ASSESSOR NUMBER OF 25-05-104-013-0000 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS LOTS14-21 BLK4 E L BRAINERS RESUB B LKS 1-8 BLK11 W O COLES SUB AND DESCRIBED IN DOCUMENT NUMBER 16817023 DATED 03/27/2013 AND RECORDED 06/17/2013.

Chicago, IL 60620

17. MISCELLANEOUS:

PERPETUAL SUNSHINE I, LLC - B94 - 1671726