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Record at the request of and



when re Loanpa	ecorded return to: l, LLC			997914842×	
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS		Doc# 20	~4 1979	007916060* 6060 Fee \$93.	ଡଡ
A. NAME & PHONE OF CONTACT AT FILER (optional)		RHSP FEE:	\$9.00	RPRF FEE: \$1.00	
B. E-MAIL CONTACT AT FILER (optional)		EDWARD H.	HOODY	!	
filings@loanpalsupport.com		COOK COUN	TY REC	ORDER OF DEEDS	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		DATE: 03/	19/202	90 12:21 PM PG: 1	1 OF 3
Loanpal, LLC PO Box 4387	7	`		-	
Portland, OR 97208				s ⊒akis, ig	·••
1. DEBTOR'S NAME: Provide cary and Debtor name (1a or 1b) (name will not fit in line 1b, leave et of the name thank check here.	ISB BXBCt full name: do not omit modifi	THE ABOVE SPA	CE IS F	OR FILING OFFICE USE	ONLY
	and provide the Individual Debtor info	mation in item 10 of the Fir	the Debto nancing S	or's name); if any part of the t tatement Addendum (Form U	ndividual Debtor' ICC1Ad)
1a. ORGANIZATION'S NAME					14.
OR 16. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	1E	ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX
Lewis 1c. MAILING ADDRESS	Darlene			(-,	
10836 S Union Ave	Chicago		STATE	POSTAL CODE 60628-3116	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (uname will not fit in line 2b, leave all of item 2 blank, check here.		or abbreviate any part of t			
name will not fit in line 2b, leave all of item 2 blank, check here	and provide the individual Debtor infor	mation in item 10 of the Fin	ancing S	tatement Addendum (Form U	CC1Ad)
28. ORGANIZATION'S NAME		·			
OR 2b. INDIVIDUAL'S SURNAME	FIRST FEFSONAL NAM		ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
	0/,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MAL MARILIGIAN MAL(S)	JOURNA
2c. MAILING ADDRESS	CITY	Х,	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSI	GNOR SECURED PARTY): Provide of	y one Ser Jul Party name	(3a or 31	<u> </u>	
3a. ORGANIZATION'S NAME Loanpal, LLC		C		19.	
OR 35. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	E - 0	ADDITIO	NAL NAME(S)/INITIAL(S)	leuceix
				HACE HAMME(S)MMTTAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY		ST. T.	POSTAL CODE	COUNTRY
8781 Sierra College Boulevard	Roseville		CA	5746	USA
4. COLLATERAL: This financing statement covers the following colla				750	· · · · · · · · · · · · · · · · · · ·
All of the debtor's right, title and interest in the Ph but not limited to rooftop solar panels, solar roofir brackets, roof mounted or ground mounted rackin security interest includes all warranties issued with	ig materials, wall mounted bat ig systems, related equipment.	teries, stand alone ba and additions or ren	tteries	invertors catho and a	
				S	<u>/</u>
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				<u>S_</u>	Ν
				M	\
Check only if applicable and check only one box: Collateral is hel	d in a Trust (see UCC1Ad, Item 17 and	Instructions Till		SC	<u> </u>
6a. Check only if applicable and check only one box:	C AT 4 THAT (SAB DOC ING, IIBM 17 AND		dminister ack only if	ed by a Decedent's Personal applicable and check only or	Réprésentative
Public-Finance Transaction Manufactured-Home Transaction	saction A Debtor is a Transi			ural Lien X Non-UCCT	•
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignes/Consignor	Seller/Buyer			ee/Lidenspr
8. OPTIONAL FILER REFERENCE DATA:				~	- A / A /

Acct # 2016018657

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	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Sta because Individual Debtor name did not fit, check here	tement; if line 1b was l	eft blank			,,,,,	
	9a. ORGANIZATION'S NAME						
)R	90. INDIVIDUAL'S SURNAME					_	_
	Lewis						
	FIRST PERSONAL NAME						
	Darlene	<u></u>					
	ADDITIONAL NAME(S)// VITIAL(S)		SUFFIX				
_	DEGLEDIO			THE ABOV	E SPACE	S FOR FILING OFFIC	E USE ONLY
U.	DEBTOR'S NAME: Provide (10a or 10b, only one additional Debtor do not omit, modify, or abbreviate any paid of the Debtor's name) and en	name or Debtor name	that did not fit in	line 1b or 2b of the	Financing S	tatement (Form UCC1)*(use'exact, full na
	10a. ORGANIZATION'S NAME	ner the mailing addres	s in line 10c	<u> </u>	 -		
R	10b. INDIVIDUAL'S SURNAME						<u> </u>
i	INDIVIDUAL'S FIRST PERSONAL NAME						
		0					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	OZ					SUFFIX
۸-	MANUNG ADDRESS	T_{α}					ĺ
UÇ.	MAILING ADDRESS	CITY)		STATE	POSTAL CODE	COUNTR
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1.	ADDITIONAL SECURED PARTY'S NAME or AS	SSIGNOR SECU	RED PARTY'S	NAME: Provide	only <u>one</u> na	me (11a or 11b)	
	170. OKGARIZATIONS NAME		'/)x.				
R	11b, INDIVIDUAL'S SURNAME	CIPCT DED	SONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S	SUFFIX
		ILINOI LEK			1,		Jobinix
		FIRST PER			f		
1c.	MAILING ADDRESS	CITY		<u>C</u>	STATE	POSTAL CODE	COUNTRY
1c.	MAILING ADDRESS			0,	STATE	POSTAL CODE	COUNTRY
	MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral):			C	STATE	POSTAL CODE	COUNTRY
				C	STATE	POSTAL CODE	COUNTRY
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Exhibit A

Legal Description: LOT 3 IN BLOCK 3 IN TANGINGA BROS AND COMPANY'S 8TH BELLEVUE ADDITION TO ROSELAND A SUBDIVISION OF LOT 45 OF SCHOOL TRUSTEES SUBDIVISION OF SECTION 16, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of County Clark's Office 14 BOX 14