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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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A, NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-33	1-3282 Fax: 818-662-4141
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	30595 - SUNLIGHT
Lien Solutions P.O. Box 29071	74671293
Glendale, CA 91209-9071	ILIL
	FIXTURE
File with Cook, IL	

Doc# :	2014147031	Fee	\$93.	00
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RHSP FEE:\$9.00 RPRF FEE: \$1.00

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 05/20/2020 09:56 AM PG: 1 OF 3

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

	, ,	La or 1b) (use exact, full name; do not omit, modify, or abbrevi- here and provide the Individual Debtor information in ite	• •		
	1a. ORGANIZATION'S NAME				
ÖR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	Jenkins	Mike			
1c. N	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
43	17 W 181st	Country Club Hills	IL	60478	USA
2. D	EBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ex. ct, full name; do not omit, modify, or abbrevi	ate any part of the Debto	r's name); if any part of the	Individual Debtor's
na	ame will not fit in line 2b, leave all of item 2 blank, check	here and provice the Ir dividual Debtor information in ite	m 10 of the Financing Sta	atement Addendum (Form	UCC1Ad)
1	2a. ORGANIZATION'S NAME	7.			
		. (
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSUNAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c.	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. S	ECURED PARTY'S NAME (or NAME of ASSIGN	EE of ASSIGNOR SECURED PARTY): Provide only one Ser	ared Party name (3a or 3	b)	
	3a. ORGANIZATION'S NAME		. /		
	Cross River Bank				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX
			1/1/		
3c. l	MÁILING ADDRESS	CITY	SAIE	POSTAL CODE	COUNTRY
88	35 Teaneck Road	Teaneck	NJ	0 1666	USA
1 C	OLLATERAL: This financing statement course the falls	wing callatoral:			

. COLLATERAL: This financing statement covers the following collateral:

7.24 kW photovoltaic solar energy system, consisting of: Hanwha modules, SolarEdge inverter AND ALL OTHER PRODUCTS, PROCEEDS, AND ATTACHMENTS.

2

5. Check only if applicable and check of	nly one box: Collateral is held in a	Trust (see UCC1Ad, item 17 ar	nd Instructions)	being administered by a Dec	edent's Personal Representative
6a. Check only if applicable and check	only one box:			6b. Check only if applicable	and check only one box:
Public-Finance Transaction	Manufactured-Home Transacti	on A Debtor is a Transi	mitting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if ap	oplicable): Lessee/Lessor	Consignee/Consignor	Seller/Buye	r Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DA 74671293	TA: 872-8112505-000			0064M00000	DWyV84QAF

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	AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stater	ment; if line 1b was left blank				
be	ecause Individual Debtor name did not fit, check here					i
	9a. ORGANIZATION'S NAME					
R	96. INDIVIDUAL'S SURNAME Jenkins	···				
	FIRST PERSONAL NAME		_			
	Mike					
	ADDITIONAL NAME(SYINITIAL'/)	SUFFIX	THE ABOVE	SPACE	IS FOR FILING OF	FICE USE ON
	DEBTOR'S NAME: Provide (10a or 100) min one additional Debtor		t in line 1b or 2b of the Fi	nancing S	tatement (Form UCC1)	(use exact, full na
d	o not omit, modify, or abbreviate any part of the Duhtor's name) and en 10a. ORGANIZATION'S NAME	ter the mailing address in line 10c	· · · · · · · · · · · · · · · · · · ·			ļ
₹	10b. INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME					. ~
	INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)	0		, .		SUFFIX
	INDIVIDUAL S ADDITIONAL NAME(S) INTTIAL(S)	4				301112
)c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTR
	ADDITIONAL SECURED PARTY'S NAME OF A	SSIGNOR SECURED PARTY	S NAME: Provide only	one nam	e (11a or 11b)	<u> </u>
	11a. ORGANIZATION'S NAME					
			Х,			
₹	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	<u></u>	ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX
	11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAME	<u>C,</u>	ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX
ıc.			C			
	MAILING ADDRESS		C/O/A	STATE	POSTAL CODE	
1c.	MAILING ADDRESS			STATE		
ı. Æ	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTR
c.	MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or record)	led) in the 14. This FINANCING ST	be cut covers as- state:	STATE	POSTAL CODE	

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Debtor: Jenkins, Mike

Exhibit for Real Estate

16. Description of real estate: Continued

PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, RECORDED AUGUST 27, 1928 AS DOCUMENT 10130789