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UCC FINANCING STATEMENT		DHG	D FFF.¢	9.00 RPRF FEE: \$1.	99
FOLLOW INSTRUCTIONS		_			00
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294			ARD M. K count	MOODY 'Y RECORDER OF DEED	ıs
B. E-MAIL CONTACT AT FILER (optional)	·	TAG	E: 07/1	.4/2020 03:56 PM P	G: 1 0F 3
SPRFiling@cscglobal.com]			0. 20. 0
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		. .		****	• •
1833 16799	1				
CSC 801 Adlai Stevenson Drive					
0 - 1 - 5 - 14 11 00700	d In: Illinois				
	(Cook)				
		THE ABOVE SPACE	CE IS FO	R FILING OFFICE USE C	NLY
DEBTOR'S NAME: Provide only ne C ebtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of item to blank, check here and provide).	name; do not omit, the Individual Debt	modify, or abbreviate any part of t or information in item 10 of the Fin	the Debtor' nancing Sta	s name); if any part of the Inc atement Addendum (Form UC	tividual Debtor's C1Ad)
1a, ORGANIZATION'S NAME			-		
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
STUDWAY	WILLIE				JR
1c. MAILING ADDRESS 1733 218TH ST	CITY SAUK VILI	AGE	STATE	POSTAL CODE 60411	COUNTRY
			<u> </u>		
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, it is name will not fit in line 2b, leave all of item 2 blank, check here and prov. fe	name; do not omit, Pile Individual Debt	modify, or abbreviate any part of to tor information in item 10 of the Fir	the Debtor' nancing Sta	's name); if any part of the Inc etement Addendum (Form UC	lividual Debtor's C1Ad)
2a. ORGANIZATION'S NAME					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSON)L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	The state of the s	STATE	POSTAL CODE	COUNTRY
	1				
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE OF		ovide only one Secrifical Party name	e (3a or 3b)	
3a. ORGANIZATION'S NAME Foundation Finance Company	LLC				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 7802 Meadow Rock Drive	CITY Weston		STA (E)	POSTAL CODE	COUNTRY
			1		 ,
4 COLLATERAL: This financing statement covers the following collateral: WINDOWS INSTALLED ON HOME				175.	8
WILLIE STUDWAY JR 1733 218TH ST				Office .	
SAUK VILLAGE, IL 60411				C	S .
					1280%
					Ma /
					_

	# # # # # # # # # # # # # # # # # # #					
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:	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/Buyu	er Bailee/Bailor Licensee/Licensor					
8. OPTIONAL FILER REFERENCE DATA: :70010646 / 60125923	1833 16799					

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UCC FINANCING STATEMENT ADDENDUM

FOLLOWINSTRUCTIONS						
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here.	if line 1b was left b	lank				
9a. ORGANIZATION'S NAME				-		
OR 9b. INDIVIDUAL'S SURNAME						
STUDWAY						
FIRST PERSONAL N/ 4E	.					
WILLIE ADDITIONAL NAME(S)INIT'AL(S)	Isi	JFFIX				
ADDITIONAL NAME (O)MITTALLY	I .	R	THE ABOVE	SPACE	IS FOR FILING OFF	ICE USE ONLY
10. DEBTOR'S NAME: Provide (10a or 10b, 1 nlv one additional Debtor name o						
do not omit, modify, or abbreviate any part of ".e D .tor's name) and enter the name of the D .tor's name and the D .tor's n	mailing address in	line 10c				
OR 10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S))					SUFFIX
INDIVIDUAL S ADDITIONAL NAME(S)/INVITAL(S)	4					SUFFIX
10c. MAILING ADDRESS	CITY) .		STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	OR SECURE	D PARTY'S	S NAME: Provide of	nly <u>one</u> na	ame (11a or 11b)	
11a, ORGANIZATION'S NAME		77	,)			
OR 11b, INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME		ADDITIC	NAL NAME(S)/INITIAL	(S) SUFFIX
11c. MAILING ADDRESS	CITY		0,	STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	l			7		. 1
				. 2		
					O_{∞}	
					100	
					C	
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	—					
15. Name and address of a RECORD OWNER of real estate described in item 16	16. Description	timber to be c of real estate;		extracted	coltateral [V] is filed	d as a fixture filing
(if Debtor does not have a record interest): WILLIE STUDWAY JR	SEE ATTACHED EXHIBIT A FOR FULL LEGAL County:COOK,IL APN:32-25-108-012-0000 Census Tract/Block:8285.03/4					
1733 218TH ST SAUK VILLAGE, IL 60411						
ONON VIEENOE, IE 30411				Subd	ivision:SOUTH	IDALE UNIT2
	Map Refe					•
			2 Munic/Tow	nship:E	BLOOM	
17. MISCELLANEOUS:						
T. M. O. Z. Z. M. E. O. O.						

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EXHIBIT A

LOT 26 IN BLOCK 22 IN SOUTHDALE SUBDIVISION UNIT 2, BEIGN A SUBDIVISION OF PART OF SECTION 25, TOWNSHIP 35 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, LYING NORTH OF SAUK TRAIL ROAD, ACCORDING TO THE RE. 31660, n. Or Cook County Clark's Office . PLAT THEREOF RECOREDED SEPTEMBER 29, 1958 AS DOCUMENT NUMBER 17/31660, IN COOK COUNTY, ILLINOIS.