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Record at the request of and when recorded return to: Loanpal, LLC



## **UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS**

A. NAME & PHONE OF CONTACT AT FILER (optional)	
B. E-MAIL CONTACT AT FILER (optional)	
filings@loanpalsupport.com	

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

<b>*</b> 2031115⊦	U34*

Doc# 2031115034 Fee \$93.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 11/06/2020 12:57 PM PG: 1 OF 3

Loanpal, LLC PO Box 4387 Portland OR 07208	7		<del></del>	<i>&gt;</i>
Portland, OR 97208			R FILING OFFICE USE	
DEBTOR'S NAME: Provide out on Debtor name (1a or 1b) (use exact, name will not fit in line 1b, leave a of it or 1 blank, check here and provide out of the control of the c	full name; do not omit, modify, or abbreviate ride the Individual Debtor information in item	any part of the Debtor	's name); if any part of the Ir	ndividual Debtor's
1a. ORGANIZATION'S NAME				
Th. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Gomez	Leonel			
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1611 N 40Th Ave	STONE PARK	IL	60165-1111	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use var, name will not fit in line 2b, leave all of Item 2 blank, check here and provide ORGANIZATION'S NAME	f. II name; do not omit, modify, or abbreviate vide the individual Debtor information in item	any part of the Debtor 10 of the Financing Sta	s name); if any part of the Ir atement Addendum (Form U	ndividual Debtor's CC1Ad)
R				
25. INDIVIDUAL'S SURNAME	FIRST FETSUNAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY USA
. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR S	ECURED PARTY): Provide 6 one Sec.	d Basty name (25 or 26		
3a. ORGANIZATION'S NAME	ECONED PARTY). Provide only one Ser Six	Party name (3a or 30	)	
Loanpal, LLC				
R 35. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
8781 Sierra College Boulevard	Roseville	CA	95746	USA
COLLATERAL: This financing statement covers the following collateral:		1 32.2	3710	
All of the debtor's right, title and interest in the Photovol- but not limited to rooftop solar panels, solar roofing mate brackets, roof mounted or ground mounted racking syste security interest includes all warranties issued with respec	erials, wall mounted batteries, stan- ms, related equipment, and addition	d alone batteries,	inverters, cables and s	wires, support
				s /
				<b>4</b>
				M_,
Chack only if englishing and shoot only one have Calledoral in The Id in a Tr	net (spa HCC14d item 47 and lastrusti	Deing administra	ad by a Desadon's Server	SC
. Check only if applicable and check only one box: Collateral is held in a Tr a. Check only if applicable and check only one box:	ust (see UCC1Ad, item 17 and Instructions)	1	ed by a Decedent's Personal applicable and check only only to the control of the	
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility	I —	ural Lien X Non-UCC	-
ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	<del>, ''</del>	<del></del>		see/Licenson
OPTIONAL FILER REFERENCE DATA:		ouyer Bai	Decagnor Licen	add/Finalisol
Acct # 2009025187				D ¢

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because individual Debtor name did not fit, check here	g Statement; if line 1b was left blank			
9a. ORGANIZATION'S NAME				
R 95. INDIVIDUAL'S SURNAME				
Gomez				
FIRST PERSONAL NAME				
Leonel  ADDITIONAL NAME(S', NITIAL(S)	SUFFIX			
NOOTH OF TANKE (O THE NAME (O)	SUPFIX	THE ABOVE CO.	CE 10 500 FU WO OFFICE	
DEBTOR'S NAME: Provide (10s or oc) only one additional D do not omit, modify, or abbreviate any part of the Debtor's name) at	rebtor name or Debtor name that did not fit in lind enter the mailing address in line 10c		CE IS FOR FILING OFFICE ing Statement (Form UCC1) (use	
10a ORGANIZATION'S NAME				
R 10b, INDIVIDUAL'S SURNAME			······	
INDIVIDUAL'S FIRST PERSONAL NAME	2			<del></del>
INDIVIDUAL'S ADDITIONAL NAME(\$)/INITIAL(\$)	0			SUFFIX
d .	7			301112
. MAILING ADDRESS	CITY	STA	TE POSTAL CODE	COUNTR
ADDITIONAL SECURED PARTY'S NAME OF	ASSIGNOR SECURFU PARTY'S	NAME: Provide only o	ne name (11a or 11b)	i
11a. ORGANIZATION'S NAME	9/0			
	* / X			
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADD	ITIONAL NAME(S)/INITIAL(S)	SUFFIX
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADE	ITIONAL NAME(S)/INITIAL(S)	SUFFIX
110. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADE		
: MAILING ADDRESS .				SUFFIX
MAILING ADDRESS .				
C. MAILING ADDRESS .			TE POSTAL CODE	
C. MAILING ADDRESS .			TE POSTAL CODE	
Table INDIVIDUAL'S SURNAME  C. MAILING ADDRESS .  ADDITIONAL SPACE FOR ITEM 4 (Collateral):			TE POSTAL CODE	
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2031115034 Page: 3 of 3

## **UNOFFICIAL COPY**

EXIBIT - A

LOT 43 AND THE SOUTH ½ OF LOT 44 IN BLOCK 40 IN H.O. STONE AND CO'S WORLDS FAIR ADDITION, A SUBDIVISION OF SECTION 4, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

IL\_COOK\_GOMEZ

Property of County Clerk's Office