## FFICIAL CO



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## **UCC FINANCING STATEMENT**

FO	LLOWINSTRUCTIONS	<u> </u>	KAN	^	DEBOUGH	
A.	NAME & PHONE OF CONTACT AT FILER (optional)				RBROUGH	
	CSC 1-800-858-5294		COOL	COUNTY	CLERK	
В	E-MAIL CONTACT AT FILER (optional) SPREiling@cscglobal.com		DATE	E: 12/36	/2020 02:10 PM	PG: 1 OF 2
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)	· · · · · · · · · · · · · · · · · · ·				
	2032 72539 CSC 801 Adlai Stevenson Drive Springfield, IL 6270°	Filed In: Illinois				
l		(Cook)				
ו	- '0.		THE ABOVE SPA	ACE IS FO	R FILING OFFICE USE	ONLY
	DEBTOR'S NAME: Provide only <u>ane</u> better name (1a or 1b) (use exaname will not fit in line 1b, leave all of item , b), nk, check here and p	ect, full name; do not omit, modify, rovide the Individual Debtor inform	• •			
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAMI		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	Baines	Irma				
1c.	MAILING ADDRESS 5519 W Congress Pkwy	Chicago		STATE	POSTAL CODE 60644	COUNTRY
	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use ex- name will not fit in line 2b, leave all of item 2 blank, check here and p	C., fair rame; do not omit, modify, irovide the individual Debtor information	· ·			
	28. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S SURNAME	FIRST PEF SOLAL NAM		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	Baines	Eric				
2c.	MAILING ADDRESS 5519 W Congress Pkwy	CITY	×	STATE	POSTAL CODE	COUNTRY
		Chicago		IL	60644	USA
3. \$	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR	R SECURED PARTY): Provide on	y <u>one</u> Ser area Party na	me (3a or 3t	) <sub>.</sub>	
	3a. ORGANIZATION'S NAME MICROF		C'/			
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	C /	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c.	MAILING ADDRESS P.O. Box 70085	CITY Albany	<u></u>	ST. (T)	POSTAL CODE 31707	COUNTRY
	COLLATERAL. This formation to the second sec				<del></del>	

All of the Debtor's right, title and interest, now existing and hereafter arising, in and to all of the Lucipment subject to that certain Lease No. 136656 between Debtor as Lessee and Microf, LLC as Lessor, (ii) all insurance, warranty, rental and other claims and rights to payment and chattel paper arising out of such Equipment, (iii) all books, records and proceeds relating to the foregoing, and (iv) any other property or rights to which the Lessee may be or become entitled by reason of Lessee's interest in the Equipment. For the purposes of this financing statement, "Equipment" shall be further described in item 12 of the UCC1Ad attached hereto, and includes all substitutions, replacements, upgrades, repairs, parts and attachments, improvements and accessions thereto. THIS FILING IS FOR PRECAUTIONARY AND INFORMATIONAL PURPOSES ONLY, THE PARTIES CONSIDER THIS TRANSACTION TO BE A TRUE LEASE. LESSEE HAS NO RIGHT TO SELL OR PLEDGE THE EQUIPMENT, IT IS OWNED BY LESSOR AND LEASED TO LESSEE.

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 <u>only</u> if applicable and check <u>only</u> 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):	yer Bailee/Bailor Licensee/Licensor						
8. OPTIONAL FILER REFERENCE DATA:	2032 72539						

## **UNOFFICIAL COPY**

## UCC FINANCING STATEMENT ADDENDUM

	NSTRUCTIONS				~			
	OF FIRST DEBTOR: Same as li Individual Debtor name did not fit, o		ng Statement; if line	1b was left blank				
	GANIZATION'S NAME			<del></del>	-		•	
ST IN THE		The state of the s	Maria Programa		y Principle of Markey			જ સ્ટિપિટીક્ટરિંગ જન્મ છે. <u>ટેન્ડિ</u> ને જેલા જાજ જોઈ છે!
					1			<del>,</del> ,
İ								
OR 95, IND	IVIDUAL'S SURNAME				<del>"</del>			
Bain	es							
FIR	ST PERSONAL NAME							
Irma								
ADI	DITIONAL NAME(S)/INIT/AL(3)			SUFFIX	1			
	70				THE ABOVE	SPACE	IS FOR FILING OFFICE	USE ONLY
o. DEBT	OR'S NAME: Provide (10a or 0	ור) one additional	Debtor name or Deb	tor name that did not fit	in line 1b or 2b of the F	inancing S	Statement (Form UCC1) (use	exact, full nam
	omit, modify, or abbreviate any part							
10a. OF	RGANIZATION'S NAME							
_								
10b. INI	DIVIDUAL'S SURNAME							
			<u></u>					
IN	DIVIDUAL'S FIRST PERSONAL NA	ME						
IN	DIVIDUAL'S ADDITIONAL NAME(S	i)/iNITIAL(S)	7					SUFFIX
			* /					
Dc. MAILIN	NG ADDRESS		CIT	Υ		STATE	POSTAL CODE	COUNTRY
		- '		0,				
I. 🔲 AD	DITIONAL SECURED PART	TY'S NAME OF	ASSIGNOR	SECURE D FART	Y'S NAME: Provide	only one na	ame (11a or 11b)	
11a. OF	RGANIZATION'S NAME			77)	K,			
R			·····		<u> </u>			
115. INI	DIVIDUAL'S SURNAME		FIR	ST PERSONAL NAME		ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
<u></u>					<u> </u>			
ic. Mailin 	IG ADDRESS		CIT	Y	10.	STATE	POSTAL CODE	COUNTRY
	•					<u> </u>		
2020 G	IONAL SPACE FOR ITEM 4 (C SREEN MOUNTAIN G	MGWB245FE	245K BTU N	ATURAL GAS	BOILER	S	0///	
3. 🚺 This	S FINANCING STATEMENT IS to b AL ESTATE RECORDS (If applicat	e filed (for record) (or re	ecorded) in the 14.	This FINANCING STAT		-	coltateral  is filed as a	6. t
				covers timber to b	e cut covers as-	extracted -		tixture tiling
(if Debto	nd address of a RECORD OWNER or does not have a record interest):	of real estate described	LC H/ 39 PF	Description of real esta OT 31 141-144 ARRISON ST A IN, RANGE 13	SCHOOL TRU SCHOOL TRU AND CENTRAL E, SECTION 1 RIDAN, RECOR	ISTEE ., IN T 16, IN \	S SUB IN BRITIG HE NW 1/4, OF TO WEST CHICAGO, IN COOK CO, IL	ANS OWNSHI
		of real estate described	LC H/ 39 PF	Description of real esta DT 31 141-144 ARRISON ST A IN, RANGE 13 RINCIPAL MEF	SCHOOL TRU SCHOOL TRU AND CENTRAL E, SECTION 1 RIDAN, RECOR	ISTEE ., IN T 16, IN \	S SUB IN BRITIG HE NW 1/4, OF TO WEST CHICAGO,	ANS OWNSH