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Doc# 2104842139 Fee \$88.00

Same British Same of the Same

6a. Check only if applicable and check only one box:

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

Public-Finance Transaction

RHSP FEE:\$9.00 RPRF FEE: \$1.00 KAREN A. YARBROUGH **UCC FINANCING STATEMENT** COOK COUNTY CLERK **FOLLOW INSTRUCTIONS** DATE: 02/17/2021 11:51 AM PG: 1 OF 2 A. NAME & PHONE OF CONTACT AT FILER (optional) KAREN SALPIETRO B. E-MAIL CONTACT AT FILER (optional) KSALPIETRO@QUANTAFINANCE.COM C. SEND ACKNOWLEDGMENT TO: (Name and Address) QUANTA FINANCE, LLC 4195 E. THOUSAND OAKS BLVD#201 WESTLAKE VILLAGE, CA 91362 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide only que (sp. or name (18 or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 bar check here 🔲 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) a, ORGANIZATION'S NAME Indy Homes 99, LLC, an Indiana limited liability company 1b, INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(\$)/INITIAL(\$) SUFFIX 1c. MAILING ADDRESS POSTAL CODE COUNTRY CITY P.O. Box 1071 Orem 8405 USA 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, fully lar. e), do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Debtor's name); if any part of the Debtor's name); name will not fit in line 2b. leave all of item 2 blank, check here 🔲 and provide ay individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PENSONAL NAME 2c, MAILING ADDRESS STATE POSTAL CODE COUNTRY 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one S cured Party name (3a or 3b) 3a. ORGANIZATION'S NAME QUANTA FINANCE, LLC, a California Limited Liability Company OR 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 4195 E. THOUSAND OAKS BLVD#201 WESTLAKE VILLAGE CA 91.162 USA 4. COLLATERAL: This financing statement covers the following collateral: ALL MACHINERY, APPLIANCES, EQUIPMENT, FURNITURE, AND ALL OTHER PERSONAL PROPERTY OF EVERY KIND OR NATURE LOCATED IN OR ON, OR ATTACHED TO: 5613 South Wood Street, Chicago, IL 60636 APN# 20-18-212-005-0000 LOT 43 IN BLOCK 5 IN ASHLAND A SUBDIVISION OF THE NORTH 3/4 AND THE NORTH 33 FEET OF THE SOUTH 1/4 OF THE EAST 1/2 OF THE NORTHEAST 1/4 (EXCEPT THE NORTH 167 FEET THEREOF) OF SECTION 18, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. Old Republic Title 9601 Southwest Highway Oak Lawn, IL 60453 20127982A 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

6b. Check only if applicable and check only one box:

Transaction A Debtor is a Transmitting Utikly Agricultural Lien Non-UCC Filing

ssor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

2

Lessee/Lessor

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UCC FINANCING STATEMENT ADDENDUM

FOLLOWINSTRUCTIONS					
NAME OF FIRST DEBTOR: Same as line 1a or 1b because Individual Debtor name did not fit, check here	on Financing Statement; if line 1b was	teft blank			
9a.ORGANIZATION'S NAME Indy Homes 99, LLC, an India	ana limited liabilit	y compan			
OR 9b, INDIVIDUAL'S SURNAME					
FIRST PERSONAL NAME					
ADDITIONAL NAME(S)/INI, Tab (S)		SUFFIX			
10. DEBTOR'S NAME: Provide (10a or 10a) Inly Tie	additional Debtor name or Debtor nam			IS FOR FILING OFFICE Statement (Form UCC1) (use	
do not omit, modify, or abbreviate any part of the De Jo 10a. ORGANIZATION'S NAME	r's name) and enter the mailing addres	ss in line 10c			
OR 105. INDIVIDUAL'S SURNAME	Ox				
INDIVIDUAL'S FIRST PERSONAL NAME	0/				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	7				SUFFIX
Oc. MAILING ADDRESS	CITY	0,	STATE	POSTAL CODE	COUNTRY
1. ADDITIONAL SECURED PARTY'S NAMI	E or ☐ ASSIGNOR SECU	IREL PARTY'S NA	ME: Provide only one na	ame (11a or 11b)	
OR 116. INDIVIDUAL'S SURNAME	FIRST PER	RSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):			S	Office	<u>, , , , , , , , , , , , , , , , , , , </u>
13. This FINANCING STATEMENT is to be filed (for re- REAL ESTATE RECORDS (if applicable)	cord] (or recorded) in the	NANCING STATEMENT:	covers as-extracled	collateral is filed as a	fixtura filina
 Name and address of a RECORD OWNER of real estate (if Debtor does not have a record interest); 	described in item 16 16. Descrip	ption of real estate:	eet, Chicago, IL	<u> </u>	HARME THING
Indy Homes 99, LLC, an Indiana	limited li	APN# 20-18-212-005-0000 LOT 43 IN BLOCK 5 IN ASHLAND A SUBDIVISION OF THE NORTH 3/4 AND THE NORTH 33 FEET OF THE SOUTH			
P.O. Box 1071	1/4 OF	THE EAST 1/2 (OF THE NORTHE	AST 1/4 (EXCEPT	THE NORTH
Orem UT 8	4058 TOWN:	167 FEET THEREOF) OF SECTION 18, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.			
7. MISCELLANEOUS:					
					
UCC FINANCIN	G STATEMENT ADDENDUM ((Form UCC1Ad) (Re	ev. 04/20/11)		