Prep. 6 by L Solutio . O. B 90712 Glendale, CA 91209-9071 Tel (800) 331-3282

JNOFFICIAL COPY

1. DEBTOR'S NAME: Provide only one Debtor name (1a 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 iter, 1 t ank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax; 818-662-4141					
B. E-MAIL CONTACT AT FILER (optional) uccfillingreturn@wolterskluwer.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	25556 - SOLAR MOSAIC				
Lien Solutions P.O. Box 29071	79557525				
Glendale, CA 91209-9071	ILIL				
File with: Cook, IL	FIXTURE				



2109116028

Doc# 2109116028 Fee \$93.00

RHSP FEE: \$9.00 RPRF FEE: \$1.00 KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 04/01/2021 12:01 PM PG: 1 OF 3 .

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

	1a. ORGANIZATION'S NAME					
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
Miranda		Gloria		(-,		
1c, N	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
_10	501 S Kolin Ave	Oak Lawn	IL	60453	USA	
2. D	EBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exr ct, fi II	name; do not omit, modify, or abbreviate	any part of the Debte	or's name); if any part of the	Individual Debtor's	
na	me will not fit in line 2b, leave all of item 2 blank, check here 🔲 and provide	the Individual Debtor information in item	10 of the Financing S	tatement Addendum (Form	UCC1Ad)	
í	2a, ORGANIZATION'S NAME	7				
l						
OR	2b. INDIVIDUAL'S SURNAME	FIRST PEPSONAL NAME	Laboure	SELECT CLASSIFICATION OF THE CONTROL	SUFFIX	
	20. INDIVIDUAL 5 SURNAME	FIRST TEPSUME NAME	ADDITIO	ONAL NAME(SYINITIAL(S)	SUFFIX	
\perp						
2c. N	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
3. Ş	ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	JRED PARTY): Provide only one Secure	ed Party name (3a or :	3b)	····	
	3a. ORGANIZATION'S NAME			·· ·		
	Solar Mosaic, Inc					
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	LADDEL	ONAL NAME(SYINITIAL(S)	Leuceiv	
	30. INDIVIDUAL S SURVAME	FIRST PERSONAL NAME	AUUITR	ONAL NAME(SYINITIAL(S)	SUFFIX	
3c. l	MAILING ADDRESS	CITY	SAE	POSTAL CODE	COUNTRY	
30	0 Lakeside Drive, FL 24	Oakland	CA	1 94612	USA	
4. C	DLLATERAL: This financing statement covers the following collateral:				····	
solal and Equipment and deb and Main Good pays intercons	collateral includes the following, whether now owned or herea r panels, inverters, battery storage, hot water solar systems, rafor other distributed generation interconnect equipment (collect ipment, "Purchased Goods") excluding Fixtures (as defined in rred to as "Collateralized Goods"); 2. All accessions, attachmer ateralized Goods; 3. All proceeds from warranty claims related solar contractor ("Home Improvement Agreement") and, if debintenance agreement between the debtor and its operations an incentives that are payable as a result of installing the Collater tor's solar contractor or operations and maintenance contractor other documentation relating to the Collateralized Goods (inclinatenance Agreement); and6. All consideration received from the ds, including any payment received from any insurer arising from the received as a result of possessing any Collateralized Goods ded to be classified as personal property, but to the extent the stitutes a fixture filing as to such collateral. The collateral descrived party's lien thereon constitutes a purchase money security.	acking systems, wiring, electrical tively, "Solar Equipment") and he Article 9 of the UCC), if any (such a secessories, tools, parts, supto the Collateralized Goods, the otor has received an operations a dimaintenance contractor ("Operatized Goods except for such responsible of the collection, sale or other disposion any loss, damage or destructed or any proceeds of Collateral at any portion of such collateral in the collection of such collateral in the collateral in the collection of such collateral in the collateral in the collection of such collection of such collateral in the collection of such collection of	and mechanical ome improvement Purchased Go oplies, replaceme home improvement and Main bates and incent ests, and remediene Improvement sition of any propition of any Collat lized Goods. All os or becomes cla	connections, meterin it products (together woods which excit des Fients of and additions the entry of the control of the contr	g, monitoring vith the Solar ixtures are or any en the debtor and 4. All rebates assigned to tts, statements ations and ollateralized my other ped above is s filing	
5. CI	neck only if applicable and check only one box: Collateral isheld in a Trusi	t (see UCC1Ad, item 17 and instruction:	s) being administe	ered by a Decedent's Pers	onal Representative	
	heck only if applicable and check only one box:			if applicable and check o		
ſ	Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility	Agricu	Itural LienNon-UC	C Filing -	
7. AL		Consignee/Consignor Seller/			nse /Licensor	
	PTIONAL FILER REFERENCE DATA: 57525 153178	: 1		1 J	N T	

2109116028 Page: 2 of 3

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS	in Contract of the Abraham	—					
 NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financi because Individual Debtor name did not fit, check here 	ing Statement; if line 1b was left blank						
9a. ORGANIZATION'S NAME							
				•			
OR 96. INDIVIDUAL'S SURNAME							
Miranda							
FIRST PERSONAL NAME	FIRST PERSONAL NAME						
Gloria							
ADDITIONAL NAME(SYNITIAL(S)	SUFFI	×					
					FFICE USE ONL		
 DEBTOR'S NAME: Provide (10a c. 10b) only one addition do not ornit, modify, or abbreviate any part of the Debtor's name 			the Financing S	tatement (Form UCC1) (use exact, full name		
10a. ORGANIZATION'S NAME	e) and enter the maining address in line 1			<u>. </u>			
9							
OR 10b. INDIVIDUAL'S SURNAME)r				·		
INDIVIDUAL'S FIRST PERSONAL NAME	C		- <u>+ -</u> + - -				
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)	0/				SUFFIX		
	4						
10c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY		
1. ADDITIONAL SECURED PARTY'S NAME OF	ASSIGNOR SECURED FAI	RTY'S NAME: Provid	e only <u>one</u> nam	e (11a or 11b)	•		
11a. ORGANIZATION'S NAME	11a. ORGANIZATION'S NAME						
DR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME	Landitio	NAL NAME(SYINITIAL(S	SUFFIX		
		INIE					
11c. MAILING ADDRESS	CITY	(0)	STATE	POSTAL CODE	COUNTRY		
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):			4				
			'5				
				Tic.			
		;		0			
	. 	ı					
 This FINANCING STATEMENT is to be filed [for record] in REAL ESTATE RECORDS (if applicable) 				K-2			
	covers timb		rs as-extracted	collateral X is file	d as a fixture filing		
Name and address of a RECORD OWNER of real estate de- (if Debtor does not have a record interest):	· · · · · · · · · · · · · · · · · · ·	16. Description of real estate: Parcel ID:					
Gloria Miranda		-001-0000					
10501 S Kolin Ave	24 10 220	001 0000					
Dak Lawn, IL 60453	This prope	This property is located at 10501 S Kolin Ave, Oak					
		Lawn, IL 60453. Our security interest is in the personal					
		lescribed in d					
		vith this filing					
	included v	nar uns ming	. Otato. I	L County. C	JOR County		
	l l						

2109116028 Page: 3 of 3

LOT 24 IN BUSCH BUILT INCOPPOLATED A ESUBPLISHON OF LOT 32 (EACH)
THE NORTH 148 FEET OF THE YEST IND (FEM THERED!) AND THE EAST BUF OF
LOT 31 IN LONGWOOD ACRES BEING A SUBPLIVISION OF THE NORTHEAST
QUARTER, THE EAST HALF OF THE NORTHWEST QUARTER AND THE WEST HALF OF
THE SOUTHEAST QUARTER OF SECTION 15, TOWNSHIP 37 NORTH, RANGE 13,
EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS SEB TITLE COMMITMENT A.P.N.: 24-15-220-001-0000

Property of Coof County Clerk's Office

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