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

W2115012004

UCC FINANCING STATEMENT				oc# 2116012004 Fee \$93.00		
A. NAME & PHONE OF CONTACT AT FILER (optional)		RHSP FEE:\$9.00 RPRF FEE: \$1.00				
A. NAME & PHONE OF CONTACT AT FILLIN (Optional)						
B. E-MAIL CONTACT AT FILER (optional)		- KAREN A. YARBROUGH				
filings@loanpalsupport.com		COOK COUNTY CLERK				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	1	DATE: 06/09/2	021 09:13 AM PG:	1 OF 3		
Loanpal, LLC PO Box # 981440				-		
El Paso, TX 79998 1440						
· O			R FILING OFFICE USE			
1. DEBTOR'S NAME: Provide on one Debtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of item., b) ink, check here and provide the	ame; do not emit, modify, or abbreviate ar e Individual Debtor information in item 10					
1a. ORGANIZATION'S NAME			•			
	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)			
Dixie	Dora	07475	TPOSTAL CODE	COUNTRY		
1c. MAILING ADDRESS 6736 South Euclid Avenue	Chicago	STATE	60649	USA		
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, 'on viname will not fit in line 2b, leave all of item 2 blank, check here and provide at 2a. ORGANIZATION'S NAME	ame; do not omit, modify, or abbreviate ar or individual Debtor information in item 10	ny part of the Debtor) of the Financing St	's name); if any part of the In atement Addendum (Form U	dividual Debtor's CC1Ad)		
OR 2b. INDIVIDUAL'S SURNAME	FIRST PET,SOI AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX		
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY USA		
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECUR	RED PARTY): Provide only one Sergred	Party name (3a or 3b)			
3a, ORGANIZATION'S NAME						
COR LOANDAL, LLC 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX		
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	Jobino	HAC WAS ELOSSIAN IN CELOS			
3c. MAILING ADDRESS	CITY	ST 11 F	POSTAL CODE	COUNTRY		
8781 Sierra College Boulevard	Roseville	CA	25746	USA		
COLLATERAL: This financing statement covers the following collateral:			Uxc.			
All of the debtor's right, title and interest in the F Battery Equipment (If any), including but not lin mounted batteries, stand alone batteries, inverter mounted racking systems, related equipment, an security interest includes all warranties issued wi	nited to rooftop solar pa s, cables and wires, supp d additions or replacem	inels, solar r port bracket ents of the s	oofing marerials s, roof mounted same. In additio	, wall or ground		
5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)		ered by a Decedent's Person if applicable and check <u>onl</u> es			

UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

Consignee/Consignor

Lessee/Lessor

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA: Acct # 2001034379 A Debtor is a Transmitting Utility

Seller/Buyer

INTEK

Agricultural Lien

Bailee/Bailor

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UCC FINANCING STATEMENT ADDENDUM

OLLOW INSTRUCTIONS					
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State because Individual Debtor name did not fit, check here	tement; if line 1b was left blank				ř
9a, ORGANIZATION'S NAME					
9b. INDIVIDUAL'S SURNAME					
Dixie					
FIRST PERSONAL NAME Dora					
ADDITIONAL NAME(\$)/INI* (AL(3)	SUFFIX				
%		THE ABOVE	SPACE I	S FOR FILING OFFICE I	JSE ONLY
0. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor		ne 1b or 2b of the Fi	nancing S	tatement (Form UCC1) (use	exact, full name
do not omit, modify, or abbreviate any part of the subtor's name) and er	nter the mailing address in line 10c				
TOR. ORGANIZATION STRAINE				.*	
OR 10b. INDIVIDUAL'S SURNAME				.	
					
INDIVIDUAL'S FIRST PERSONAL NAME	0_				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	-0 2				SUFFIX
	τ_{\wedge}			<u> </u>	
0c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
1. ADDITIONAL SECURED PARTY'S NAME or A	SSIGNOR SECURE D FARTY'S	NAME: Provide o	nly <u>one</u> na	ime (11a or 11b)	
11a. ORGANIZATION'S NAME	77x,				
R 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
TID. INDIVIDUAL O CONTAINE					
ic. MAILING ADDRESS	CITY	O,	STATE	POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				· · · · · · · · · · · · · · · · · · ·	
			Q,		
				6	
This FINANCING STATEMENT is to be filed [for record] (or record: REAL ESTATE RECORDS (if applicable)	led) in the 14. This FINANCING STATEM		extracted	collateral X is filed as a	fixture filing
5. Name and address of a RECORD OWNER of real estate described in ite					
(if Debtor does not have a record interest):	County of: Cook	•	,		
		•			
Oora Dixie					
Dora Dixie	Address of Real Estate: 6736 So	outh Euclid Aven	ue, Chica	ago, 1L, 60649	
Dora Dixie	Address of Real Estate: 6736 So		ue, Chica	ago, 1L, 60649	
Dora Dixie	Address of Real Estate: 6736 So APN: 2024		ue, Chica	igo, 1L, 60649	
Dora Dixie	Address of Real Estate: 6736 So		ue, Chica	igo, IL, 60649	
Oora Dixie	Address of Real Estate: 6736 So APN: 2024		ue, Chica	igo, IL. 60649	

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EXHIBITS-A

THE FOLLOWING DESCRIBED PARCEL OF LAND, AND IMPROVEMENTS AND APPURTENANCES THERETO IN THE COUNTY OF COOK, STATE OF ILLINOIS, LEGALLY DESCRIBED AS: LOT 7 IN BLOCK 2 IN JACKSON PARK HIGHLANDS, IN THE EAST HALF OF THE SOUTHWEST QUARTER OF SECTION TWENTY FOUR (24) TOWNSHIP THIRTY EIGHT (38) NORTH, RANGE FOURTEEN (14) EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, TAX ID: 20-24-306-017-0000.

And Departs of Cook County Clark's Office Parcel ID Number: 20-24-306-017-0000