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KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 08/02/2021 10:13 AM PG: 1 OF 2

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
CSC 1-800-858-5294

B. E-MAIL CONTACT AT FILER (optional)
SPRFiling@cscglobal.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

2148 68644
CSC
801 Adlai Stevenson Drive
Springfield, IL 62703

Filed In: Illinois (Cook)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only the 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 item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

OR

| | | | |
|--------------------------------------|------------------------------|-------------------------------|--------|
| 1b. INDIVIDUAL'S SURNAME Chaisson | FIRST PERSONAL NAME Leroy | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|--------------------------------------|------------------------------|-------------------------------|--------|

1c. MAILING ADDRESS 1241 Peggy Ln

| | | | |
|-------------------------|-------------|----------------------|----------------|
| CITY Chicago Heights | STATE IL | POSTAL CODE 60411 | COUNTRY USA |
|-------------------------|-------------|----------------------|----------------|

2. DEBTOR'S NAME: Provide only the Debtor name (2a or 2b) (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 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

| | | | |
|--------------------------|---------------------|-------------------------------|--------|
| 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|--------------------------|---------------------|-------------------------------|--------|

2c. MAILING ADDRESS

| | | | |
|------|-------|-------------|---------|
| CITY | STATE | POSTAL CODE | COUNTRY |
|------|-------|-------------|---------|

3. SECURED PARTY'S NAME (or NAME OF ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME Microf

OR

| | | | |
|--------------------------|---------------------|-------------------------------|--------|
| 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|--------------------------|---------------------|-------------------------------|--------|

3c. MAILING ADDRESS P.O. Box 70085

| | | | |
|----------------|-------------|----------------------|----------------|
| CITY Albany | STATE GA | POSTAL CODE 31707 | COUNTRY USA |
|----------------|-------------|----------------------|----------------|

4. COLLATERAL: This financing statement covers the following collateral:
All of the Debtor's right, title and interest, now existing and hereafter arising, in and to all of the Equipment subject to that certain Lease No. 150228 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.

YARBROUGH
KAREN A.
SC
EN
INTEK

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 only if applicable and check only one box:
 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:
 Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

2148 68644

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME

OR
9b. INDIVIDUAL'S SURNAME

Chaisson

FIRST PERSONAL NAME

Leroy

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR
10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR
11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):
2021 GOODMAN GSX130301 2.5 TONS

13. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

covers timber to be cut covers as-extracted collateral is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

L8 B5 LINCOLN HIGHLANDS W1/2 NE1/4 S19 T35N R14E,
CHICAGO HEIGHTS, COOK COUNTY, ILLINOIS, APN:
32-19-216-008-0000

17. MISCELLANEOUS: