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Doc# 2123742003 Fee \$93.00

UCC FINANCING STATEMENT

FOLLOWINSTRUCTIONS			RHSP FE	E:\$9.00 RPRF FEE: \$	1.00	
A. NAME & PHONE OF CONTACT AT FILER (optional)	KAREN A. YARBROUGH					
Lien Operations - (800) 786-7693	w <u></u>		COOK CO	UNTY CLERK		
B. E-MAIL CONTACT AT FILER (optional)			DATE: 0	B/25/2021 11:37 AM	PG: 1 OF 2	
lien@sunpower.com				•		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			٠ -			
SunPower Capital, LLC P.O. BOX 841246, Los Angeles, CA 90084-1246	-					
UCC Fixture: COOK, IL , APN: 16-29-111-015 ປປາ0	1					
		THE ABOVE SDA	VCE 18 EC	R FILING OFFICE USE (ONI V	
1. DEBTOR'S NAME: Provide only the Cabter name (1a or 1b) (use exact, full i	name; do not omit,					
name will not fit in line 1b, leave all of .cm 1 blank, check here and provide	the Individual Debt	or information in item 10 of the F	inancing St	atement Addendum (Form UC	CC1Ad)	
1a. ORGANIZATION'S NAME						
OR 1b. IND:VIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
Micsa Ox	Vasile			,		
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
2335 South Harvey Avenue	Berwyn		IL	60402	USA	
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exect"	name; do not omit,	modify, or abbreviate any part o	f the Debto	r's name); if any part of the In	dividual Debtor's	
	t'.e '.idividual Debt 	or information in item 10 of the F	inancing St	atement Addendum (Form U	CC1Ad)	
2a. ORGANIZATION'S NAME						
OR 2b. INDIVIDUAL'S SURNAME	FIRST PEP 5017	AI NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
ZB. HIDIVIDORE S SORTIANIE	I II.G. I El GGI	AL MANUEL	7.00.110	,		
2c. MAILING ADDRESS	CITY	1 /),	STATE	POSTAL CODE	COUNTRY	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	RED PARTY): Pro	ovide only one Spured Party nar	ne (3a or 3	0)		
3a. ORGANIZATION'S NAME		6%				
OR 35. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
30. INDIVIDUAL 3 SURVANIE.	FIRST FERSON	AL NAME	AUDITIC	MAC MANUELO/MATIALLO!	301117	
3c. MAILING ADDRESS	CITY		3) 4, E	POSTAL CODE	COUNTRY	
PO Box 82387	Austin		TX	71708-2387	USA	
4. COLLATERAL: -This financing statement covers the following collateral;	- • • •	-			- 1 × · · ·	
Residential Solar Photovoltaic Equipment which may conta				5	у.	
For questions or assistance concerning this filing, we urge request, select Submit Online under refinance or home sale		ww.sunpower.com/life	for the f	astest response. To t	submit your	
request, select Submit Offline under reimance of nome said	e section.			C P	d	
				•	VT	
				3_	<u> </u>	
				M	У	
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				SC	Y	
				₩	<u> </u>	
				ro és	TV	
Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Trust (lege HCC1Ad Han	17 and Instructions) bein	a administra	ared by a Decedent's Basses	Penyossa	
Check only if applicable and check only one box: Check only if applicable and check only one box: 6a. Check only if applicable and check only one box:	Jage GGG (AG, Kelf			ered by a Decedent's Persona if applicable and check <u>only</u> o		
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is	a Transmitting Utility		itural Lien Non-UCC		
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consign	nor Seller/Buyer	Ba	ailee/Bailor Licen	see/Licensor	

'TIONAL FILER REFERENCE DATA:

UNOFFICIAL COPY

UCC FINANCING STATEMENT ADDENDUM

FO	LLOWINSTRUCTIONS					
	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	line 1b was left blank				
	9a. ORGANIZATION'S NAME					
OR	9b. INDIVIDUAL'S SURNAME	<u> </u>				
	Micsa FIRST PERSONAL NAME					
	Vasile ADDITIONAL NAME(S)/INIT/AL(S)	SUFFIX				
	ADDITIONAL IVANILOSINIS ALGO	001112	THE ABOVE	SPACE	IS FOR FILING OFFIC	E USE ONLY
10.	DEBTOR'S NAME: Provide (10a or ion) only one additional Debtor name or	Debtor name that did not fit in li				
	do not omit, modify, or abbreviate any part of the Footor's name) and enter the m	ailing address in line 10c				
	10a. ORGANIZATION'S NAME					
OR	10b. INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)	7				SUFFIX
100	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
11.	ADDITIONAL SECURED PARTY'S NAME of ASSIGNO	DR SECURED PARTY'S	NAME: Provide	alu ana n	ma (11a os 11b)	
• • •	11a. ORGANIZATION'S NAME)X	TANIL. FIONOE	nuy <u>Que</u> n	ane (11a or 11b)	
OR				,		.
	11b. INDIVIDUAL'S SÜRNAME	FIRST PERSONAL NAME	0	ADDITIO	NAL NAME(S)/INITIAL(S) SUFFIX
110	MAILING ADDRESS	CITY	0	STATE	POSTAL CODE	COUNTRY
12.	ADDITIONAL SPACE FOR ITEM 4 (Collateral):	· · · · · · · · · · · · · · · · · · ·			1	•
				0,		
	4*					
	• •				(C)	
					C	
13.	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEM		extracted (collateral 🗸 is filed a	s a fixture filing
	Name and address of a RECORD OWNER of real estate described in item 16	16. Description of real estate:				u
	(if Debtor does not have a record interest): ICSA VASILE	APN 16-29-111-015-				
	35 South Harvey Avenue	12 in the Subdivision				
	erwyn, IL 60402	North, Range 13 Eas Illinois.	t of the third p	инсіра	i meridian, in cool	County,
	文	2335 South Harvey A	venue			
	F 2	Berwyn, IL 60402	ř,			
	• 1.	СООК				
17.	MISCELLANEOUS:	- 0400::-			<u> </u>)_
	ULTRALIGHT 2 RESIDENTIAL SOLAR, LLC - B15	o - 2490405				•