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OLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)		RHSP FEE	::\$9.00 RPRF FEE:	\$1.00
CSC 1-800-858-5294		KAREN A.	YARBROUGH	
B. E-MAIL CONTACT AT FILER (optional)		COOK COL	INTY CLERK	
SPRFiling@cscglobal.com		DATE: 08	3/25/2021 11:45 AM	PG: 1 OF 2
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	_	•		
2164 81919	i			
CSC 801 Adlai Stevenson Drive				
Springfield II 62702	iled In; Illinois			
	(Cook)			
	THE ABO	OVE SPACE IS FO	OR FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only na Debtor name (1a or 1b) (use exact, finame will not fit in line 1b, leave all of nemonounk, check here and provide	ull name; do not omit, modify, or abbreviate de the Individual Debtor information in item 1			
1a. ORGANIZATION'S NAME				
DR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
FORSBERG	J			
c. MAILING ADDRESS 2338 N KILDARE AVE	CHICAGO	STATE IL	POSTAL CODE 60639-3656	COUNTRY
. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ex	ame; do not omit, modify, or abbreviate	• •		
	de 'ne individual Debtor information in item 1	0 of the Financing S	tatement Addendum (Form U	CC1Ad)
2a. ORGANIZATION'S NAME				
2b. INDIVIDUAL'S SURNAME	FIRST PERSON AL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
20. INDIVIDUAL 5 SURNAME	FIRST PERSONAL NAME	Abbitic	NAL NAME(S)NN(TAC(S)	SUFFIX
D. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
		Dody name (25 or 2	b)	
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE	CURED PARTY): Provide only one Sec	Party hame (3a or 3	,	
SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIGNOR SE 3a. ORGANIZATION'S NAME Advantage Alliance Pro LLC	CURED PARTY): Provide only one Section	Party name (3a or 3	,	
3a. ORGANIZATION'S NAME Advantage Alliance Pro LLC	ς,	6		SHEELY
3a. ORGANIZATION'S NAME Advantage Alliance Pro LLC	CURED PARTY): Provide only one Sec. of	6	ONAL NAME(S)/INITIAL(S)	SUFFIX
3a. ORGANIZATION'S NAME Advantage Alliance Pro LLC R 3b. INDIVIDUAL'S SURNAME	ς,	6		SUFFIX
3a. ORGANIZATION'S NAME Advantage Alliance Pro LLC 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ONAL NAME(S)/INITIAL(S)	
3a. ORGANIZATION'S NAME Advantage Alliance Pro LLC R 3b. INDIVIDUAL'S SURNAME . MAILING ADDRESS 1840 N. Greenville Ave. #128	FIRST PERSONAL NAME CITY Richardson	ADDITION STATE	POSTAL CODE	COUNTRY
3a. ORGANIZATION'S NAME Advantage Alliance Pro LLC Bab. INDIVIDUAL'S SURNAME MAILING ADDRESS 1840 N. Greenville Ave. #128 COLLATERAL: This financing statement covers the following collateral: The following described property as set forth in that	FIRST PERSONAL NAME CITY Richardson at certain HVAC RENTAL A	STATE IN	POSTAL CODE 75081	COUNTRY USA , by and
3a. ORGANIZATION'S NAME Advantage Alliance Pro LLC B. MAILING ADDRESS 1840 N. Greenville Ave. #128 COLLATERAL: This financing statement covers the following collateral: The following described property as set forth in the between Advantage Alliance Pro LLC and the Deb	FIRST PERSONAL NAME CITY Richardson at certain HVAC RENTAL Address: A air conditioner package	STATE	POSTAL CODE 75081 date: 25/14/2021 # DX135A0301	COUNTRY USA , by and (Serial #
3a. ORGANIZATION'S NAME Advantage Alliance Pro LLC R 3b. INDIVIDUAL'S SURNAME COLLATERAL: This financing statement covers the following collateral: The following described property as set forth in that between Advantage Alliance Pro LLC and the Deb 2008208613), whether now owned or hereafter acceptable and the property as set forth in the period of the property and the period of the property and the period of the property and the period of the	CITY Richardson at certain HVAC RENTAL Actor: A air conditioner packag	STATE	POSTAL CODE 75081 dates 05/14/2021 el # DX135A0301 ereof, all attachme	COUNTRY USA , by and (Serial #
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COLLATERAL: This financing statement covers the following collateral: The following described property as set forth in the between Advantage Alliance Pro LLC and the Deb 2008208613), whether now owned or hereafter acc accessories, parts and tools belonging thereto or for any of the foregoing (including, but not limited to of Debtor against third parties for loss of, damage under, or unearned premiums with respect to, polic cash, interest, principal, royalties, license fees, rempayment of money, chattel paper, security agreem received, receivable or otherwise distributed in restandards:	riry Richardson at certain HVAC RENTAL Actor: A air conditioner package quired, together with all replor use in connection therew o, any claims to any items reto or destruction of any or a cies of insurance) in whatevests, dividends, negotiable insents and other documents of pect of, or in exchange for,	GREEMENT ge unit, Mode acements the ith; and any a ferred to in th II of the collat er form, inclustruments and or other propet the collateral	POSTAL CODE 75081 date: 25/14/2021 el # DX13SA0301 ereof, al. attachme and all products ar his definition, and teral or for proceed ding, but not limite d other instrument erty from time to tir . Said collateral is	country USA by and (Serial # ents, and proceeds any claims ds payable ed to, all s for the ne located at at Representation

2123742006 Page: 2 of 2

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	AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; ecause Individual Debtor name did not fit, check here	if line 1b was left blank				
	9a. ORGANIZATION'S NAME					
R	9b. INDIVIDUAL'S SURNAME FORSBERG					
	FIRST PERSONAL N/ML					
	ADDITIONAL NAME(S)/INIT AL(S)	SUFFIX				
	DEBTOR'S NAME: Provide (10a or Out only one additional Debtor name of	or Dahlar ages that did ag			IS FOR FILING OFFICE	
	do not omit, modify, or abbreviate any part of "ie D" ptor's name) and enter the table. 10a. ORGANIZATION'S NAME			e Financing :	statement (Form DCC1) (use	exact, ruii name
₹						
	10b. INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	4				SUFFIX
C.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
	ADDITIONAL SECURED PARTY'S NAME of ASSIGN	IOR SECURE O PAR	RTY'S NAME: Provid	le only <u>one</u> n	ame (11a or 11b)	
	11a. ORGANIZATION'S NAME		7,			
R	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	IS C	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
c.	MAILING ADDRESS	CITY	0	STATE	POSTAL CODE	COUNTRY
	ADDITIONAL SPACE FOR ITEM 4 (Collateral):			45	ł	
	HICAGO, IL 60639-3656			9,		
Τŀ	HIS FILING IS MADE FOR NOTICE PURPOSES (ONLY. THE DEB	TOR HAS NO	OWNER	RSH!? TAGHTS IN	I THE
	DLLATERAL. THE DEBTOR IS LEASING THE CO				10	
					0	
i.	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING S'	_	as-extracted	collateral 🔽 is filed as a	. f. t f
	lame 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 e	estate:			
	of Debtor does not have a record interest): FORSBERG 38 N KILDARE AVE				HE STATE OF IL S OF 2338 N KILD	
_	HCAGO, IL 60639-3656				RENTLY OWNED	
					NG A TAX ASSES ND BEING THE S	
		PROPERTY M	ORE FULLY D	ESCRIE	ED AS (BLUMS)	SUB OF
		LTS506-517 IN NW NE SEC 3		JR\$ Fl	JLLERTON AVE	SUB OF N
		THARK INC OCC 3	T-TU-1J			
		APN: 13-34-20	1-025-0000			