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	#2123742009#

Doc# 2123742009 Fee \$93.00

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UCC FINANCING STATEMENT	RHSP FEE:\$9.00 RPRF FEE: \$1.00				
FOLLOW INSTRUCTIONS	KAREN A. YARBROUGH				
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294			K COUNTY CLERK		
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com			DAT	E: 08/25/2021 11:4	5 AM PG: 10
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
2169 04225	\neg				
csc	'				
801 Adlai Stevenson Drive					
Springfield, IL 62703 File	d In: Illinois				
	(Cook)	THE ABOVE CDA	CE 10 50	D EII NIG OFFIGE HEE	ONLY
1. DEBTOR'S NAME: Provide only ne l'ebtor name (1a or 1b) (use exact, full	noma: da est amit u			R FILING OFFICE USE	
name will not fit in line 1b, leave all of name / on nk, check here and provide					
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
Campbell	Sean				1
1c. MAILING ADDRESS 133 E 119th PI	CITY		STATE	POSTAL CODE	COUNTRY
	Chicago		IL.	60628	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact with name will not fit in line 2b, leave all of item 2 blank, check here and provide		nodify, or abbreviate any part of r information in item 10 of the F			
2a. ORGANIZATION'S NAME	7				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONA	LNAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
Campbell	Charlinna				
2c. MAILING ADDRESS 133 E 119th PI	CITY	7),	STATE	POSTAL CODE	COUNTRY
	Chicago		IL	60628	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC	URED PARTY): Prov	vide only <u>one</u> Section Party narr	ne (3a or 3b)	
3a. ORGANIZATION'S NAME MICTOF		C'/			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	LNAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
				1	
30. MAILING ADDRESS P.O. Box 70085	Albany		STATE C.A.	POSTAL CODE 21707	USA
4 COLLATERAL: This financing statement covers the following collateral:			 -		
4. COLLATERAL: This financing statement covers the following collateral: All of the Debtor's right, title and interest, now existing the control of the Debtor's right, title and interest, now existing the control of	ng and herea	fter arising, in and to	o all of	the Equipment su	bject to that
certain Lease No. 154954 between Debtor as Lesse	ee and Micro	r,LLC as Lessor,(II) a	ali insut	ance, warranty, re	entai and
other claims and rights to payment and chattel paper					
relating to the foregoing, and (iv) any other property of Lessee's interest in the Equipment. For the purpo					
described in item 12 of the UCC1Ad attached heret					
parts and attachments, improvements and accession					
INFORMATIONAL PURPOSES ONLY. THE PARTI					
LESSEE HAS NO RIGHT TO SELL OR PLEDGE T					- \/
LESSEE.		·			7
					P X
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Check only if applicable and check only one box: Collateral is held in a Trust Check only if applicable and check only one box:	(see UCC1Ad, item			red by a Decedent's Person of applicable and check only	
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a	Transmitting Utility	Agricul	tural Lien 🔲 Non-UCC	Filing
7. ALTERNATIVE DESIGNATION (if applicable): V Lessee/Lessor	Consignee/Consign	or Seller/Buyer	Ba		see/Literiser

8. OPTIONAL FILER REFERENCE DATA:

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UCC FINANCING STATEMENT ADDENDUM

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SUFFIX				
	line 1b or 2b of the I	Financing S	Statement (Form UCC1) (us	e exact, full name
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NOR SECORE S PARTY	J NAME, FIDNIGE	orny <u>orie</u> n	anie (11a or 11b)	
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	CITY NOR SECURE D PARTY'S	SUFFIX THE ABOVE or Debtor name that did not fit in line 1b or 2b of the fit in mailing address in line 10c CITY NOR SECURE D PARTY'S NAME: Provide	SUFFIX THE ABOVE SPACE or Debtor name that did not fit in line 1b or 2b of the Financing Se mailing address in line 10c CITY STATE NOR SECURED PARTY'S NAME: Provide only one ne	THE ABOVE SPACE IS FOR FILING OFFICE or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use a mailling address in line 10c STATE POSTAL CODE NOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S)