# **UNOFFICIAL COPY**

CONC Country Clerk Date: 08/10/20/21 08:50 AM Pg: 1 of 3  UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS  A MARE & PHONE OF CONTACT AT FILER (optional) Michael L. Helt 816-867-5182  B WANT CONTACT AT FILER (optional) Inheligancessus.nat  C. SEMA ACCONVENDMENT FO: (Name and Actives) Michael L. Helt Michae		Doc#. 2125312198 Fe	ee: \$98.00		
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Michael L. Helt NIG-687-5182  B. EWAL CONTACT AT FILER (options) nhell@accessiss.net  C. SEND ACNOWED GREAT TO: (Name and Address)  Michael L. Helt Michael L. Helt Michael L. Helt Michael L. Helt Michael I.	7 671 (77 1)	10 40 64			·
L. SERO ACROWNLEDGMENT TO: (Name and Address)  Michael L. Helt, P.C. 1609 NW Rast Pound Grain Valley, MS. 64029  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S NAME. Provide only use flavor name (is or 15) loss exact, fill name, do not cert, modely, or abbreviate any part of the information is flavor. In the 1st, serve aid of Smil. Livin. dwark there   and provide the individual Dobler information is flavor. In the 1st of the Francing Statement Addression (Form UCC1Ad)  15. DOSMANZATORIS NAME.   POSTAL CODE   COLVITORY  15. INDIVIDUAL'S SURRAMS.   POSTAL CODE   COLVITORY  15. INDIVIDUAL'S SURRAMS.   POSTAL CODE   COLVITORY  16. INDIVIDUAL'S SURRAMS.   POSTAL CODE   COLVITORY  17. INDIVIDUAL'S SURRAMS.   POSTAL CODE   COLVITORY  18. INDIVIDUAL'S SURRAMS.   POSTAL CODE   COLVITORY  28. INDIVIDUAL'S SURRAMS.   POSTAL CODE   COLVITORY  29. INDIVIDUAL SURRAMS.   POSTAL CODE   COLVITORY  29. INDIVIDUAL SURRAMS.   POSTAL CODE   COLVITORY  29. INDIVIDUAL SURRAMS.   PO					
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Milchael L. Helt, P.C.  1699 NW Rast 7 and  Grain Valley; AS 64029  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DESTOR'S NAME. Provide only to Table 1. Series resemble for 15) (see sexts. 16 fame, do not only, modify, or extended any part of the Detrior's name; if any part of the individual Debtor information in Born 10 of the Financing Statement Addendary (From UCC1Ad)  1s. DRIGHTAN SIRVANE  Okoyre & Associates, Inc.  OKOYre & OKOYre & Associates, Inc.  OKOYre & OKOYre	C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
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3115 AVIAR Court    Naperville   IL   60564	OPL	FIRST PERSONAL NAME	ADDITIO	NAL NAME(SVINITIAL(	S) SUFFIX
2. DEBTOR'S NAME Provide only gain Debtor name (2a or 2b) (use seach, bill or my, do not omit, modify, or abbreviate any part of the Debtor's name), if any part of the Individual Debtor name will not it in the 2b, leave at of Item 2 blank, check here and provide the individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCCIAd)  2a. GRGANIZATIONS NAME  2b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SyINITIAL(S))  SUPFIX  3. SECURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY): Provide only goe Ser and Firsty name (3a or 3b)  3a. GRGANIZATION'S NAME  Lift Line Partners, LLC  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FOOTAL CODE  COUNTRY  Statis  FOOTAL CODE  COUNTRY  STATE  FOOTAL CODE  COUNTRY  STA		- ·			COUNTRY
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7 ALTERNATIVE DESIGNATION (If applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor		_			<del></del>
			<del></del>		-UCC Filling
8. OPTIONAL FILER REFERENCE DATA:	7 ALTERNATIVE DESIGNATION (If applicable): Lessee/Lessor				

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**UCC FINANCING STATEMENT ADDENDUM** 

OLLOW INSTRUCTIONS					
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement, I because Individual Debtor name did not fit, check here	If line 1b was left blank	1			
9a. ORGANIZATION'S NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1			
Okoye & Associates, Inc.		-			
9b. INDIVIDUAL'S SURNAME		1			
FIRST PERSONAL NAME					
FIRST PERSUNAL NA "Y					
ADDITIONAL NAME(S)(IN) (TA', S'	SUFFIX	1			
		THE ABOVE SPA	CE IS FOR FILING OFFICE	USE ONLY	
0. DEBTOR'S NAME: Provide (10a or 10a) / ny che additional Debtor name o do not omit, modify, or abbreviate any part of the De Itor's name) and enter the r		n line 1b or 2b of the Financ	ing Statement (Form UCC1) (use	exact, full name	
10a. ORGANIZATION'S NAME					
IR 10b. INDIVIDUAL'S SURNAME		<del></del>			
			·		
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	7			SUFFIX	
DC. MAILING ADDRESS	CITY	STA	TE POSTAL CODE	COUNTRY	
1. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	NOR SECURED PARTY	"S NAME: Provide only o	ne name (11a or 11b)		
TIE. ORGANIZATION O NAME					
R 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADE	DITIONAL NAME(S)INITIAL(S)	SUFFIX	
IC. MAILING ADDRESS	CITY	STA	TE POSTAL CODE	COUNTRY	
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral). Collateral description attached as Exhibit "B".			0		
Contact at description attached as Danible D .			Occ		
			1/6		
			0		
3. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	e 14. This FINANCING STATI	EMENT			
REAL ESTATE RECORDS (if applicable)	covers timber to be		cted collateral  is filed as	a fixture filing	
<ol> <li>Name and address of a RECORD OWNER of real estate described in Item 16 (if Debtor does not have a record interest):</li> </ol>					
	regat description	or property attact	icu as exhibit A .		
T MOOPLI ANGOLIO			<u> </u>	<u></u>	
17. MISCELLANEOUS					

2125312198 Page: 3 of 3

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#### **EXHIBIT A**

Okoye & Associates, Inc.- Attachment to financing statement.

#### **LEGAL DESCRIPTION OF PROPERTY**

THE SOUTH 20 FEET OF LOT 4 AND THE NORTH 10 FEET OF LOT 5 IN BLOCK 3 IN BRAINERD'S SUBDIVISION OF BLOCKS 1 TO 8 AND 11 OF COLE'S SUBDIVISION OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF SECTION 5, TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINICIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 25-05-112-017-0000.

S. Ada Su.

Clarks
Office Property Address: 8618 S. Ada Street, Chicago, Illinois 60620