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UCC FINANCING STATEMENT

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)

2218 54015
CSC
801 Adlai Stevenson Drive
Springfield, IL 62703

Filed In: Illinois

Doc# 2134104033 Fee ≇93.00

RHSP FEE: \$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 12/07/2021 11:30 AM PG: 1 OF 2

1		(Cook)			
			THE ABOVE SPACE IS	FOR FILING OFFICE USE	ONLY
	DEBTOR'S NAME: Provide only rate Debtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of total 1 Uank, check here and provide	name; do not omit, modify, or a the Individual Debtor informatio			
0.5	1a. ORGANIZATION'S NAME				
OR	TO INDIVIDUAL'S SURNAME SMITH	FIRST PERSONAL NAME MICHAEL		ADDITIONAL NAME(S)/INITIAL(S)	
1c.	MAILING ADDRESS 212 MARQUETTE ST	PARK FOREST	STAT IL	E POSTAL CODE 60466	COUNTRY
	DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact null name will not fit in line 2b, leave all of item 2 blank, check here and provide	name; do not omit, modify, or a	• •		
	2a. ORGANIZATION'S NAME	10			
OR	2b. INDIVIDUAL'S SURNAME SMITH	FIRST PERSONAL NAME SHERIPY	ADDI	ADDITIONAL NAME(S)/INITIAL(S)	
2c.	MAILING ADDRESS 212 MARQUETTE ST	PARK FORES	STAT IL	FOSTAL CODE 60466	, COUNTRY USA
3.	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	RED PARTY): Provide only on	e Secured Party name (3a o	r 3b)	
	3a, ORGANIZATION'S NAME MICROF		()		
OR	3b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	AQDI'	FIONAL NAME(S)/INITIAL(S)	SUFFIX
Зс.	MAILING ADDRESS P.O. Box 70085	Albany	STAT.	1 1 1 1	COUNTRY USA

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. 177040 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 and tiled 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

Section 2.	• //	• • •
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	V	,
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 by a Decedent Bernard Bernar	'	į
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing		-
7. ALTERNATIVE DESIGNATION (if applicable):		

LESSEE.

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FOLLOW INSTRUCTIONS	O W	_		i
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State	ment; if line 1b was left blank	1		
because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME		4		
Sa. ORGANIZATIONS NAME				
		-		İ
OR 9b. INDIVIDUAL'S SURNAME		1		
SMITH				1
FIRST PERSONAL NA /IL		1		
MICHAEL				•
ADDITIONAL NAME(S)/WIT ALL(S)	SUFFIX	1		
90	1	THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
10. DEBTOR'S NAME: Provide (10a or CO) inly one additional Debtor r	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 pan ರ್ tha ಬಳಿಸರಗಳ name) and ente	er the mailing address in line 10c			
10a. ORGANIZATION'S NAME				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
	/ 0			Housen
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	4			SUFFIX
10c. MAILING ADDRESS	- Journal	lor.rc	POSTAL CODE	
IDC. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COONIKI
	OLONIO DE CALOTO	//O		Ц
11. ADDITIONAL SECURED PARTY'S NAME or AS	SIGNOR SECURED PARTY	S NAME: Provide only one i	name (11a or 11b)	
TTA. ORGANIZATIONS INAME		ζ,		
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ÌADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
,			,,,,,,	
1 Itc. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
		, (C)		
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):			<u>:</u>	<u> </u>
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): HEAT PUMP SYSTEM - H/P, FAN COIL, AUX F	HEAT AND TSTAT	0,0		
		9		
			Office Co.	
•			175.	
			10	
			6	
 This FINANCING STATEMENT is to be filed [for record] (or recorded] REAL ESTATE RECORDS (if applicable) 	l —	_		
15. Name and address of a RECORD OWNER of real estate described in item	covers timber to be 16 16. Description of real esta		collateral / is filed as a	fixture filing
(if Debtor does not have a record interest): 212 MARQUETTE ST		, Village Of Park Fo	rest Area4 Subdivis	sion. Rich
	Township, Cook			
PARK FOREST, IL 60466-2022	APN: 31-36-108-			
				•
47 MICCELLANICOUC.	<u> </u>		<u> </u>	
17. MISCELLANEOUS: RTO-000177040				