UNOFFICIAL CO



UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS	
A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-3:	31-3282 Fax: 818-662-4141
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	54923 - RenovateOpco
Lien Solutions P.O. Box 29071	84839944
Glendale, CA 91209-9071	ILIL
	FIXTURE
File with: Cook, IL	
1. DEBTOR'S NAME: Provide only on _ Debtor name (1a or 1)	<u>···</u>

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KAREN A. YARBROUGH COOK COUNTY CLERK DATE: 02/18/2022 18:52 AM PG: 1 OF 3

A	FIXTURE 1		
	FIXTURE		
File with: Cook, IL	THE	ABOVE SPACE IS FOR FILING OFFICE	USE ONLY
DEBTOR'S NAME: Provide only on a Debtor name (1a or 1b)			
name will not fit in line 1b, leave all of it in 1 blank, check here	and provide the Individual Debtor information in	item 10 of the Financing Statement Addendum (For	n UCC1Ad)
1a. ORGANIZATION'S NAME			
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
TADROS	SALIM	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
c. MAILING ADDRESS	cmy	STATE POSTAL CODE	COUNTRY
16519 EVERGREEN DR	TINLEY PARK	IL 60477	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b)			
name will not fit in line 2b, leave all of item 2 blank, check here			
2a. ORGANIZATION'S NAME			<u> </u>
	' (
R 2b. INDIVIDUAL'S SURNAME	FIRST PERSON L NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIGNEE of AS	SIGNOR SECURED PARTY): Provide only one Se	er are 1 Party name (3a or 3b)	
3a. ORGANIZATION'S NAME		C/	
RenovateOpco Trust		<u> </u>	
36. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
	0.77	Site Lagary cons	
C. MAILING ADDRESS	СІТҮ	STATE POSTAL CODE	COUNTRY
345 Park Ave, 31st Floor	New York	NY 1)154	USA/
. COLLATERAL: This financing statement covers the following coll IVAC	ateras:	//5.	3 ==
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			F D. William
	·		1331
Check only if applicable and check only one box: Cottateral is	held in a Trust (see UCC1Ad, item 17 and Instru		·
·_ - _ ··			
a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home ALTERNATIVE DESIGNATION (if applicable): Lessee/Less	Transaction A Debtor is a Transmitting t	6b. Check only if applicable and check Utility Agricultural Lien Non-L	only one box: JCC Filing censee/Licens

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 De	cedent's Personal Representative
6a. Check only if applicable and check only one box:	6b. Check only if applicable	e and check <u>only</u> one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buye	r Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERÊNCE DATA:		
84839944 2976295		

2204955013 Page: 2 of 3

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UCC FINANCING STATEMENT ADDENDUM

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stat	ement; if line 1b was left blank	· .			
because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME		4			
56. UNDANIER HUNS NAME					
		-			
OR 9b. INDIVIDUAL'S SURNAME		1			
TADROS					
FIRST PERSONAL NAME		1			
SALIM					
ADDITIONAL NAME(SYINITIALITY)	SUFFIX	1			
OA		THE ABOVE	SPACE	S FOR FILING OF	FICE USE ONLY
10. DEBTOR'S NAME: Provide (10a or 10b) coly one additional Debt	or name or Debtor name that did not fit	n line 1b or 2b of the Fir	nancing Stat	ement (Form UCC1)	use exact, full name;
do not omit, modify, or abbreviate any part of the Dobtor's name) and e	enter the mailing address in line 10c				
10a. ORGANIZATION'S NAME					
OR 10b. INDIVIDUAL'S SURNAME					
106. (NDIVIDUAL'S SURNAME	•		•		
INDIVIDUAL'S FIRST PERSONAL NAME	<u> </u>				
INDIVIDUAL OF INCITY CADDINE NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)	0/				SUFFIX
	4				
10c. MAILING ADDRESS	CITY		STATE I	POSTAL CODE	COUNTRY
					ŀ
11. ADDITIONAL SECURED PARTY'S NAME 92	ASSIGNOR SECURED PARTY'S	NAME: Provide only	one name i	(11a or 11b)	<u> </u>
11a, ORGANIZATION'S NAME	4 /).	,		·	
					•
OR 11b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONA	L NAME(SYINITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	0.	STATE	POSTAL CODE	COUNTRY
11c. MAILING ADDRESS	CITY	0	STATE	POSTAL CODE	COUNTRY
	CITY	0/1	STATE	POSTAL CODE	COUNTRY
	CITY	Op/	Ś		COUNTRY
	CITY	Opp.	Ś		COUNTRY
	CITY	Op.	Ś		COUNTRY
	CITY	Opp.	Ś		COUNTRY
	CITY	- Cry	Ś	POSTAL CODE	COUNTRY
	CITY	C/A	Ś		COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or reco		TEMENT:	Ś		COUNTRY
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12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. ☑ This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable) 15. Name and address of a RECORD OWNER of real estate described	rded) in the 14. This FINANCING STA covers timber to be in item 16 16. Description of real est	e cut Covers as-e	\$ C		
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)	rded) in the 14. This FINANCING STA	e cut covers as-e	\$ C		
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 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable) 15. Name and address of a RECORD OWNER of real estate described 	rded) in the 14. This FINANCING STA	e cut	extracted co	flateral \boxtimes is filed :	

2204955013 Page: 3 of 3

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Debtor: TADROS, SALIM

Exhibit for Real Estate

16. Description of real estate:

Continued

OT 136 IN GALLAGHER AND HENRY'S TINLEY MEADOWS UNIT NO. 3 BEING A SUBDIVISION OF PART OF THE EAST 1/2 OF THE SOUTHEAST 1/4 OF SECITON 23, TOWNSHIP 36 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK Coot County Clart's Office

COUNTY, ii.