## **UNOFFICIAL COPY**

## **UCC FINANCING STATEMENT**

| FOLLOW INSTRUCTIONS   |  | Doc# 22                                   | 1052                          | 5013 Fee ≴93.                      | <b>9</b> 9        |
|---|--|---|-------------------------------|------------------------------------|-------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294  B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com  |  | KAREN A. Y                                | 'ARBRO                        |                                    |                   |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)   |  | COOK COUNT                                |                               |                                    |                   |
| 2300 87858<br>CSC   |  | DATE: 04/1                                | .5/202                        | 2 10:17 AM PG: :                   | 1 OF 2            |
| 801 Adlai Stevenson Drive<br>Springfield, IL 62703  | Filed In: Illinois<br>(Cook)   | THE AROVE SPACE                           | F IS FO                       | R FILING OFFICE USE                | ONLY              |
| DEBTOR'S NAME: Provide only une Debtor name (1a or 1b) (use ex  | act, full name; do not omit, modify, or  |   |                               |                                    |                   |
|   | provide the Individual Debtor informa  |   |                               |                                    |                   |
| 18. ORGANIZATION'S NAME   |  |   |                               |                                    |                   |
| OR -  |  |   |                               |                                    | <del>-</del>      |
| 16. INDIVIDUAL'S SURNAME  | FIRST PERSONAL NAME  |   | ADDITIONAL NAME(S)/INITIAL(S) |                                    | SUFFIX            |
| MCGUIRE   | DAMIEN   |   |                               |                                    |                   |
| 1c. MAILING ADDRESS 637 E 194TH ST  | GLENWOOD   |   | STATE<br>IL                   | 60425                              | USA               |
| 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exname will not fit in line 2b, leave all of item 2 blank, check here and  | act, hill name; do not omit, modify, or<br>prolide the individual Debtor informa |   |                               |                                    |                   |
| 2a. ORGANIZATION'S NAME   | 10   | •   |                               |                                    |                   |
| OR 2b. INDIVIDUAL'S SURNAME   | FIRST FEP SOLIAL NAME  |   | ADDITIO                       | NAL NAME(S)/INITIAL(S)             | SUFFIX            |
| 2c. MAILING ADDRESS   | CITY   | Κ,  | STATE                         | POSTAL CODE                        | COUNTRY           |
| 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNO   | R SECURED PARTY): Provide of   | one Secured Party name                    | (3a or 3b                     | )                                  |                   |
| 3a. ORGANIZATION'S NAME MICROF  |  |   |                               |                                    | "                 |
| OR 36, INDIVIDUAL'S SURNAME ,   | FIRST PERSONAL NAME  |   | ADDITIO                       | NAL NAME(S)/INITIAL(S)             | SUFFIX            |
| 3c. MAILING ADDRESS P.O. Box 70085  | city<br>Albany   |   | STATE<br>CA                   | POSTAL CODE<br>31707               | COUNTRY           |
| 4. COLLATERAL: This financing statement covers the following collateral All of the Debtor's right, title and interest, now excertain Lease No. 178788 between Debtor as Leother claims and rights to payment and chattel prelating to the foregoing, and (iv) any other property. | essee and Microf,LLC a<br>aper arising out of such                               | is Lessor,(ii) all i<br>n Equipment,(iii) | insura<br>all bo              | nce, warranty, reloks, reports and | ntal and proceeds |

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

6a. Check only if applicable and check only one box:

Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filling

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

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, repers, 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-

8. OPTIONAL FILER REFERENCE DATA:

LESSEE.

2300 87858

2210525013 Page: 2 of 2

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## UCC FINANCING STATEMENT ADDENDUM

| NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Speciause Individual Debtor name did not fit, check here   | Statement; if line 1b was left blank   | ,  |                           |
|---|--|--|---------------------------|
| 9a. ORGANIZATION'S NAME   |  | -  |                           |
|   |  | -  |                           |
| 9b. INDIVIDUAL'S SURNAME<br>MCGUIRE   |  |  |                           |
| FIRST PERSONAL N', ME DAMIEN  |  |  |                           |
| ADDITIONAL NAME(\$)/INIT.AL(\$)   | SUFFIX   | THE ABOVE SPACE IS FOR FILING (  | OFFICE USE ONLY           |
| DEBTOR'S NAME: Provide (10a or 0.1) only one additional Det do not omit, modify, or abbreviate any part of the Drotor's name) and   |  | in line 1b or 2b of the Financing Statement (Form UC   | CC1) (use exact, full nan |
| 10a. ORGANIZATION'S NAME  |  |  |                           |
| 10b. INDIVIDUAL'S SURNAME   |  |  |                           |
| INDIVIDUAL'S FIRST PERSONAL NAME  | -O-  |  | <del></del>               |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  | <del></del>  |  | SUFFIX                    |
| c. MAILING ADDRESS  | СІТУ   | STATE POSTAL CODE  | COUNTRY                   |
| . ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME   | ASSIGNOR SECURED FART  | Y'S NAME: Provide only one name (11a or 11b)   |                           |
| R 11b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME  | ADDITIONAL NAME(S)/INIT  | TIAL(S) SUFFIX            |
| c. MAILING ADDRESS  | СІТҮ   | STATE POSTAL CODE  | COUNTRY                   |
| ADDITIONAL SPACE FOR ITEM 4 (Collateral):   |  | T  | <u> </u>                  |
| 2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):<br>2022 ADP BCRMA3124S001 2 TONS   |  | 0.   |                           |
| 2022 ADP BCRMA3124S001 2 TONS   |  | 0.0  |                           |
| 2022 ADP BCRMA3124S001 2 TONS   |  |  | ò                         |
|   | orded) in the 14. This FINANCING STAT  | TEMENT:  |                           |
| 2022 ADP BCRMA3124S001 2 TONS  This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in (if Debtor does not have a record interest):  37 E 194TH ST  GLENWOOD, IL 60425-2224 | item 16 16. Description of real esta  LOT A, Hickory B                       | TEMENT: e cut covers as-extracted collateral is is ste: Bend Condominium Subdivision, I 8702, Block 1010, Cook County, | filed as a fixture filing |
| 3. This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable) 5. Name and address of a RECORD OWNER of real estate described in (if Debtor does not have a record interest): 337 E 194TH ST  | item 16 16. Description of real esta<br>LOT A, Hickory E<br>Census Tract 828 | TEMENT: e cut covers as-extracted collateral is is ste: Bend Condominium Subdivision, I 8702, Block 1010, Cook County, | filed as a fixture filing |
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