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UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS		Вос	# 221	.3047015 Fee ≇	93,00
A. NAME & PHONE OF CONTACT AT FILER (optional)		RHSP	FEE:\$	9.00 RPRF FEE: \$1.	00
CSC 1-800-858-5294		KARF	N G. Y	ARBROUGH	
B. E-MAIL CONTACT AT FILER (optional)		•			
SPRFiling@cscglobal.com		COOK	COUNT	Y CLERK	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	_	DATE	: 05/1	0/2022 10:49 AM P	G: 1 OF 2
2313 35464 CSC	1				
801 Adlai Stevenson Drive					
Springfield, IL 62703 File	d In: Illinois				
	(Cook)				
		THE ABOVE SPACE	E IS FO	R FILING OFFICE USE (ONLY
1. DEBTOR'S NAME: Provide only and Debtor name (1a or 1b) (use exact, full	name; do not omit, modify	r, or abbreviate any part of t	he Debtor	s name); if any part of the In-	dividual Debtor's
				ntement Addendum (Form UC	
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM		ADĎITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
CLARK	GEORGE				
1c. MAILING ADDRESS 637 E 155TH PL	CITY		STATE	POSTAL CODE	COUNTRY
007 E 1001111 E	PHOENIX		IL	60426	USA
2. DEPTOD'S MAME. Deptide only one Debter onto (2) or 2h) (see a see full	compi de det poit madió		Dobine		dividual Debterio
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact this name will not fit in line 2b, leave all of item 2 blank, check here and provide	1 .			s name), ir any part of the fill stement Addendum (Form UC	
2a. ORGANIZATION'S NAME	7	· · · ·		· · · · · · · · · · · · · · · · · · ·	<u> </u>
	'				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSON'AL NAM	AE .	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	0,				
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
		X,	•		
OCCUPED BARTYIC WAS A SHOWN TO A SHOWN THE SHO					
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME MICROF	JRED PARTY): Provide o	niy <u>one</u> Secreta Party name	(3a or 3b)	
Jac. OrtoArtize Total State MICTO		()			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	AF O	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
SS. MOTTIBONE O SONTWIKE	. INGT ENGOTALINA		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	THE TANKE (O)	Johna
3c. MAILING ADDRESS P.O. Box 70085	CITY		ST/ 15	POSTAL CODE	COUNTRY
SC. MUICING ADDITION P.O. DOX 70003	Albany		6)	31707	USA
	Ť	,			
 COLLATERAL: This financing statement covers the following collateral: All of the Debtor's right, title and interest, now existing 	and hereafter a	arising, in and to a	all of th	າະ ຂົດທ່ຽກment subi	ect to that
certain Lease No.182451 between Debtor as Lessee	and Microf.LLC	as Lessor.(ii) all i	nsurar	nce. wa ranty, rent	al and
other claims and rights to payment and chattel paper					
relating to the foregoing, and (iv) any other property of					
of Lessee's interest in the Equipment. For the purpos	•	•			
described in item 12 of the UCC1Ad attached hereto,					
parts and attachments, improvements and accession					: [2
INFORMATIONAL PURPOSES ONLY. THE PARTIE					SE.
LESSEE HAS NO RIGHT TO SELL OR PLEDGE TH					:рто 🝑.
LESSEE.		, := = , 			-

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:	6b. 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 Filing
7. ALTERNATIVE DESIGNATION (if applicable): 🗸 Lessee/Lessor 🔲 Consignee/Consignor 🔲 Seller/Buy	rer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	2313 35464

2213047015 Page: 2 of 2

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UCC FINANCING STATEMENT ADDENDUM

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Staten because Individual Debtor name did not fit, check here	ment, if line 1b was left blar	ık				
9a. ORGANIZATION'S NAME						
OR 96. INDIVIDUAL'S SURNAME	<u>-</u> <u>-</u>					
CLARK FIRST PERSONAL NAME						
GEORGE ADDITIONAL NAME(\$)//NIT/AL(\$)	SUF	FIX				
DEBTOR'S NAME: Provide (10a or (%) only one additional Debtor nodo not omit, modify, or abbreviate any part of the Protor's name) and enter					S FOR FILING OFFICE statement (Form UCC1) (use	
10a. ORGANIZATION'S NAME				· =		
10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						Journa
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) c. MAILING ADDRESS	CITY			STATE	TPOSTAL CODE	SUFFIX
	SIGNOR SECURED	DADTVIS	NAME: Orogido			
11a. ORGANIZATION'S NAME	BIONON BEGOINED	7%	TYNIE. Plovide	orly <u>one</u> n	ane (Tabli 115)	
T1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	, NAME	0	ADDITIO	NAL NAME(S)/INITIAL(S)	\$UFF1X
c. MAILING ADDRESS	CITY		0	STATE	POSTAL CODE	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral): 2022 TEMPSTAR R4A324GKH 2 TONS				TS	0,5,	
				<u> </u>	The co	
. In this FINANCING STATEMENT is to be filed (for record) (or recorded) REAL ESTATE RECORDS (if applicable)	covers tin	nber to be cu		-extracted	collateral	fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16 637 E 155TH PL PHOENIX, IL 60426-2640 16. Description of real estate: LOT 36, Block 4, School Trustees Subdivision, The Census Tract 827200, Block 3036, Cook County, IL APN: 29-16-322-005-0000						n Twnshp
7. MISCELLANEOUS: RTO-000182451	1					