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Doc#. 2218101205 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 06/30/2022 10:03 AM Pg: 1 of 2

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Lien Operations - (800) 786-7693 B. E-MAIL CONTACT AT FILER (optional) lien@sunpower.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) SunPower Capital, LLC P.O. BOX 841246, Los Angeles, CA 90084-1246 UCC Fixture: COOK, IL APN: 02-29-307-020 00:00 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide only are or blor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item / blook, check here 🔲 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME OF 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Sudha 1c. MAILING ADDRESS CITY POSTAL CODE COUNTRY 3555 Harold Circle Hoffman Estates 60192 USA IL 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact ு name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here 🔲 and prov. le the / dividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME FIRST PEP JON AL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Se Jureo Party name (3a or 3b) 3a ORGANIZATION'S NAME ULTRALIGHT 2 RESIDENTIAL SOLAR, LLC 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY PO Box 82387 Austin TX 78708-2387 USA 4. COLLATERAL: This financing statement covers the following collateral: Residential Solar Photovoltaic Equipment which may contain an integrated battery. For questions or assistance concerning this filing, we urge you to visit www.sunpower.com/life for the fastest response. To submit your request, select Submit Online under refinance or home sale section. 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

Consignee/Consignor

Seller/Buyer

Bailee/Bailor

Licensee/Licensor

Lessee/Lessor

ULTRALIGHT 2 RESIDENTIAL SOLAR, LLC - B15 - 3448344

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

UNOFFICIAL COPY

UCC FINANCING STATEMENT ADDENDUM

POLLOW IN STRUCTIONS						
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	f line 1b was left bl	ank				
9a. ORGANIZATION'S NAME						
OR 9b. INDIVIDUAL'S SURNAME						
Lukka						
FIRST PERSONAL NAME						
Sudha						
ADDITIONAL NAME(S)/INITIAL(S)	SU	FFIX				
10. DEBTOR'S NAME: Provide (10a or 10', o. ly one additional Debtor name or	r Debtor name that	did not fit in			IS FOR FILING OFFICE	
do not omit, modify, or abbreviate any part of the Sobter's name) and enter the m	nailing address in I	ine 10c	inic 15 of 25 of the 1	manong a	natement (Form DDD I) (ast	o cxact, full flame,
10a. ORGANIZATION'S NAME						
OR 10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL S SUNIVAINE						
INDIVIDUAL'S FIRST PERSONAL NAME						
O _c						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	4					SUFFIX
10c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
	0					
11. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	OR SECURE	FARTY'S	S NAME: Provide	only <u>onc</u> na	nme (11a or 11b)	
11a. ORGANIZATION'S NAME		17×,				
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
					., .,	
11c. MAILING ADDRESS	CITY		10.	STATE	POSTAL CODE	COUNTRY
				<u> </u>		
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				2)		
				(
					Jiji Co	
					10	
					0	
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANC	ING STATE	MENT:			
15. Name and address of a RECORD OWNER of real estate described in item 16	covers t	imber to be e		extracted (collateral 🗸 is filed as a	a fixture filing
(if Debtor does not have a record interest):	'			IN BER	GMAN POINTE SUE	BDIVISION -
KESANA SIVA 3555 Harold Circle	UNIT 2, BE	NG PART	OF THE EAS	T HALF	OF THE SOUTHWE	ST QUARTE
Hoffman Estates, IL 60192					RANGE 10, ESAT OF HE PLAT THEREOF	
	PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED APRIL 14, 2016 AS DOCUMENT 1610529079, AND ACCORDING TO THE CERTIFICATE OF CORRECTION THEREOF RECORDED DECEMBER 2,					
					F RECORDED DEC DK COUNTY, ILLINO	
	3555 Harold	d Circle		000	000, 1220	
	Hoffman Es	tates, IL 6	60192			
	COOK COL	JNTY, ILLI	NOIS			
17. MISCELLANEOUS: ULTRALIGHT 2 RESIDENTIAL SOLAR, LLC - B1	5 - 3448344					
SETTE TELEVISION OF THE SOCIETY ELO DI	5 5.100 FT					