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Karen A. Yarbrough
Cook County Clerk
Date: 08/08/2022 09:42 AM Pg: 1 of 2

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 506503 - SIERRA VIEW	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	88058415 ILIL FIXTURE

File with: Cook, IL

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor 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 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME					
OR	1b. INDIVIDUAL'S SURNAME MARSHALL		FIRST PERSONAL NAME HEIDI	ADDITIONAL NAME(S)/INITIAL(S) D	SUFFIX
1c. MAILING ADDRESS 1429 HOME AVENUE		CITY BERWYN	STATE IL	POSTAL CODE 60402	COUNTRY USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (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 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL 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 Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME INTERLOCK INDUSTRIES (MIDWEST) INC.					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 104 - 2355 Fairview Avenue		CITY Roseville	STATE MN	POSTAL CODE 55113	COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:

THIS FIXTURE FILING COVERS A ROOFING SYSTEM AND IS TO BE RECORDED IN THE REAL ESTATE RECORDS OF COOK COUNTY REGISTRY OF DEEDS.

COUNTY/RECORDING DISTRICT: COOK
SITUS/ADDRESS: 1429 HOME AVE, BERWYN, IL
PARCEL #: 16-19-120-012-0000
CONVEYS: WARRANTY DEED
DOCUMENT NO: 0722742069
DATE RECORDED: 08/18/2007

LEGAL: LOT 33 (EXCEPT THE SOUTH 18 FEET THEREOF) AND ALL OF LOT 34 IN BLOCK 44 IN WALLECK'S SUBDIVISION OF BLOCKS 43 AND 44 IN THE SUBDIVISION OF SECTION 19, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THE SOUTH 300 ACRES THEREOF), IN COOK COUNTY, ILLINOIS.

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

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

Agricultural Lien Non-UCC Filing

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

8. OPTIONAL FILER REFERENCE DATA:

88058415

LOAN NUMBER: ILIL22001-RC

\$25,605 (CALL 877-765-9378)

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

	9a. ORGANIZATION'S NAME			
	OR	9b. INDIVIDUAL'S SURNAME	MARSHALL	
		FIRST PERSONAL NAME	HEIDI	
		ADDITIONAL NAME(S)/INITIAL(S)	D	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor 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 part of the Debtor's name) and enter the mailing address in line 10c

	10a. ORGANIZATION'S NAME				
	OR	10b. INDIVIDUAL'S SURNAME			
		INDIVIDUAL'S FIRST PERSONAL NAME			
		INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

	11a. ORGANIZATION'S NAME				
	OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

covers timber to be cut covers as-extracted collateral is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

Parcel ID:
16-19-120-012-0000

COUNTY: COOK
SITUS: 1429 HOME AVE, BERWYN, IL
CONVEYS: WARRANTY DEED
DOCUMENT NO: 0722742069
DATE RECORDED: 08/18/2007

17. MISCELLANEOUS: 88058415-IL-31 508503 - SIERRA VIEW HOLDINGS INTERLOCK INDUSTRIES (MIDWEST) File with: Cook, IL LOAN NUMBER: IL1L22001-RC \$25,605 (CALL