	Doo# 2224529249 5	600 00		
	Doc#. 2224528248 F Karen A. Yarbrough	-ee: \$98.00		
	Cook County Clerk			
	Date: 09/02/2022 02:	47 PM Pg: 1 c	of 3	
CC FINANCING STATEMENT DLLOW INSTRUCTIONS				
NAME & PHONE OF CONTACT AT FILER (optional) SOMERCOR 504, INC 312-360-3300				
E-MAIL CONTACT AT FILER (optional)	Million Control of the Control of th			
SEND ACKNOWLEDGMENT TO: (Name and Address)				
SOMERCOR 504, INC.				
601 S. LASALLE STREET, SUITE 510 CHICAGO, IL 60605				
	1			
	THE ABOV	E SPACE IS FO	OR FILING OFFICE US	E ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, name will not fit in line 1b, leave all of nem b, ank, check here and provide only one).	full name; do not omit, modify, or abbreviate any ide the Individual Debtor information in item 10 o			
1a, ORGANIZATION'S NAME 710 REMINGTON, LLC				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		
MAILING ADDRESS 710 REMINGTON ROAD	SCHAUMBURG	STATE IL	POSTAL CODE 60173	COUNTRY USA
	വം name; do not omit, modify, or abbreviate any	part of the Debto of the Financing S	r's name); if any part of the tatement Addendum (Form	e Individual Debt 1 UCC1Ad)
	ide the Individual Debtor Information in item 10 of		······································	
name will not fit in line 2b, leave all of item 2 blank, check here and pro-	ide the Individual Debtor Information in item 10 o			
name will not fit in line 2b, leave all of item 2 blank, check here and pro-		ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX
name will not fit in line 2b, leave all of item 2 blank, check here and pro-		ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
2a. ORGANIZATION'S NAME AMPLIO SYSTEMS INCORPORATED 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PE (SO VAL NAME	ADDITION STATE	DNAL NAME(S)/INITIAL(S) POSTAL CODE 60173	SUFFIX COUNTRY
name will not fit in line 2b, leave all of item 2 blank, check here and pro- 2a. ORGANIZATION'S NAME AMPLIO SYSTEMS INCORPORATED 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS 710 REMINGTON ROAD	FIRST PE (SC VAL NAME CITY SCHAUMBURG	STATE IL	POSTAL CODE 60173	COUNTRY
name will not fit in fine 2b, leave all of item 2 blank, check here and pro- 2a. ORGANIZATION'S NAME AMPLIO SYSTEMS INCORPORATED 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS 10 REMINGTON ROAD SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SI 3a. ORGANIZATION'S NAME	FIRST PE (SC VAL NAME CITY SCHAUMBURG ECURED PARTY): Provide only one Secured Party	STATE IL	POSTAL CODE 60173	COUNTRY
name will not fit in line 2b, leave all of item 2 blank, check here and pro- 2a. ORGANIZATION'S NAME AMPLIO SYSTEMS INCORPORATED 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS 710 REMINGTON ROAD SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SI	FIRST PE (SC VAL NAME CITY SCHAUMBURG ECURED PARTY): Provide only one Secured Party	STATE ILL arty name (3a or 3	POSTAL CODE 60173	COUNTRY
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LOCATED:

EQUIPMENT; FIXTURES.

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/Bu	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: SBA LOAN # 96453682-09	(100)

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UCC FINANCING STATEMENT ADDENDUM

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme	ent; if line 1b was left blank				
because Individual Debtor name did not fit, check here					
9a. ORGANIZATION'S NAME					
710 REMINGTON, LLC					·
9b. INDIVIDUAL'S SURNAME					
FIRST PERSONAL N/ 4E					
ADDITIONAL NAME(S)/INIT AL(S)	SUFFIX	THE AROVE	SDACE 19	FOR FILING OFFI	CE LISE ON! Y
DEBTOR'S NAME: Provide (10a or 10b, July one additional Debtor nar do not omit, modify, or abbreviate any part of the Diotor's name) and enter the distribution of the Diotor's name and enter the distribution of the Diotor'					
10a. ORGANIZATION'S NAME	the making address in the 100				
10b. INDIVIDUAL'S SURNAME			· · · · · · · · · · · · · · · · · · ·		
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	7				SUFFIX
MAILING ADDRESS	СІТУ		STATE	POSTAL CODE	COUNT
DARRITIONAL CECHIEER DARTY'S NAME - 7/ ACC	IGNOR SECURED PARTY	S NAME: Dominion of	-1: 000 000	00 /460 or 64b)	
11a, ORGANIZATION'S NAME	IGNOR SECURED PRIT	S NAME: Provide of	niy <u>one</u> nan	ne (11a or 11b)	
SOMERCOR 504, INC.	~ ()	1			
	/				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITION	AL NAME(S)/INITIAL(S	S) SUFFIX
MAILING ADDRESS	CITY	(')	STATE	POSTAL CODE	COUNTR
. MAILING ADDRESS 01 S. LASALLE STREET, SUITE 510		(')	STATE		S) SUFFIX COUNTR USA
MAILING ADDRESS 01 S. LASALLE STREET, SUITE 510	CITY	(')	STATE IL	POSTAL CODE	COUNTE
MAILING ADDRESS D1 S. LASALLE STREET, SUITE 510 ADDITIONAL SPACE FOR ITEM 4 (Collateral):	CHICAGO	C)	STATE IL	POSTAL CODE 60605	COUNTE
MAILING ADDRESS 01 S. LASALLE STREET, SUITE 510 ADDITIONAL SPACE FOR ITEM 4 (Collateral): This Financing Statement is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable)	CITY CHICAGO To the 14. This FINANCING STATE Covers timber to be	MENT: cut covers as-e	STATE	POSTAL CODE 60605	COUNTR
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2224528248 Page: 3 of 3

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EXHIBIT A

LEGAL DESCRIPTION

LOT 9 IN WOODFIELD BUSINESS CENTER UNIT 4, BEING A RESUBDIVISION OF PART OF LOTS 10 AND 11 IN WOODFIELD BUSINESS CENTER, A SUBDIVISION OF PART OF THE SOUTHWEST 1/4 OF SECTION 11, TOWNSHIP 41 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, IN ACCORDANCE WITH THE PLAT OF RESUBDIVISION THEREOF, RECORDED IN THE OFFICE OF RECORDER OF DEEDS, COOK COUNTY, ILLINOIS AS DOCUMENT 25419007, IN COOK COUNTY, ILLINOIS.

PIN#:

Common address:

710 Remington Road, Schaumburg IL 60173