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Doc#. 2225001215 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS		Date: 09/07/2022 10:45 AM	Pg: 1 o	f3	
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294		]			
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com		_			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		-			
2390 08249					
CSC 801 Adlai Stevenson Drive					
Springfield, IL 62703	Filed In: Illinois (Cook)				
	(C00K)	THE ABOVE SPACE	E IS FO	R FILING OFFICE USE C	NI V
1. DEBTOR'S NAME: Provide only and bottom name (1a or 1b) (use exact	t, full name; do not omi				
		otor information in item 10 of the Fir			
1a. ORGANIZATION'S NAME Mastercraft ovilders & Carp	entry, Inc.				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSON	JAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Ox	, morriant				
1c. MAILING ADDRESS 1000 George St	сіту Barringtor	1	STATE IL	POSTAL CODE 60010	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exer					lividual Debtor's
	// N A	otor information in item 10 of the Fir			
2a. ORGANIZATION'S NAME	TO				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PER 301	AL NAME	ADDITIO	NAL NAME(\$)/INITIAL(\$)	SUFFIX
2c. MAILING ADDRESS	CITY	77%	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR	SECURED PARTY): P	rovide only one Se ureo Party name	(3a or 3t	)	
3a. ORGANIZATION'S NAMETBK Bank, SSB		Constant of the constant of th	, (54 61 61	.,	
OR 36. INDIVIDUAL'S SURNAME	FIRST PERSON	VAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
33. 11.5.1.2.3.2.3 33.4.4.4.1.2	, 1110, 1211001	4			
3c. MAILING ADDRESS 1521 Grant St	сіту Bettendor	f	STATE IA	POSTAL CODE 52722	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral:			<u> </u>		_
4. COLLATERAL: This financing statement covers the following collateral: All Inventory, Lumber, Building Materials and Sup					
whether any of the foregoing is owned now or acc relating to any of the foregoing; all records of any					
foregoing, (including insurance, general intangible					
construction of improvements located at 710 N Du					

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	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	

2390 08249

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#### **UCC FINANCING STATEMENT ADDENDUM**

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; because Individual Debtor name did not fit, check here	if line 1b was left blank	1			
9a. ORGANIZATION'S NAME		1			
Mastercraft Builders & Carpentry, Inc.		4			
9b. INDIVIDUAL'S SURNAME		1			
FIRST PERSONAL NAME		1			
ADDITIONAL NAME(S)/INIT.(AL/S)	SUFFIX	_			
OA		THE ABOVE	CDACE	S FOR FILING OFFIC	E LIGE ONLY
D. DEBTOR'S NAME: Provide (10a or 10', or ly one additional Debtor name of	or Debtor name that did not fit				
do not omit, modify, or abbreviate any part of the Bobtor's name) and enter the		Willie 15 of 25 of the 1	manonig c	natement (i omi coci) (a	se oxact, fail flaifle,
10a. ORGANIZATION'S NAME					
R 10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	4				SUFFIX
DC. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
1. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	IOR SECURED FART	Y'S NAME: Provide o	niv one na	me (11a or 11b)	
11a, ORGANIZATION'S NAME	7)	<b>*</b>	, 2112	(172 31 7 15)	
		1			
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
ic. MAILING ADDRESS	СПҮ	(C)	STATE	POSTAL CODE	COUNTRY
		<u>C)</u>	STATE	POSTAL CODE	COUNTRY
Ic. MAILING ADDRESS  2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		C)	STATE	POSTAL CODE	COUNTRY
			STATE	0,5	COUNTRY
		C)	STATE	0,5	COUNTRY
		C)	STATE	0,5	COUNTRY
		C	STATE	POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	СІТУ	IEMENT:	STATE	0,5	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  3. I This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	CITY  14. This FINANCING STA  Covers timber to be	e cut covers as-	Ś		COUNTRY  a fixture filing
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  3.	CITY  14. This FINANCING STA  Covers timber to be 16. Description of real est	e cut covers as-	extracted	collateral V is filed as	a fixture filing
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  3. This FINANCING STATEMENT is to be filled (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)  5. Name and address of a RECORD OWNER of real estate described in item 16	e 14. This FINANCING STA  covers timber to be 16. Description of real est  Lot 1 in Final pla	e cut covers as- ale: t of subdivision	extracted of Ma	collateral  is filed at	a fixture filing
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2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  3. In this FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)  5. Name and address of a RECORD OWNER of real estate described in item 16	covers timber to be 16. Description of real est Lot 1 in Final pla being a subdivisitownship 42 north	e cut covers as- ale: t of subdivision on of part of the h, range 11, ea plat thereof rec	extracted of Ma e north est of the corded	stercraft Builders west quarter of the third principal November 6, 20	a fixture filing s subdivision section 29, meridian, 20 as
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  3. This FINANCING STATEMENT is to be filled (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)  5. Name and address of a RECORD OWNER of real estate described in item 16	city  14. This FINANCING STA	e cut covers as- cale: t of subdivision on of part of the h, range 11, ea plat thereof rec er 2031117112	extracted of Mae north est of the corded, in Co	stercraft Builders west quarter of the third principal November 6, 20 ok County, Illino	a fixture filing s subdivision section 29, meridian, 20 as
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Mastercraft Builders & Carpentry, Inc.							
9b. INDIVIDUAL'S SURNAME							
FIRST PERSONAL NAME							
ADDITIONAL NAME(\$)/INI7(AL/9)	SUFI	FIX					
DEBTOR'S NAME: Provide (10a or 10'), or ly one additional Debtor name	or Debtor name that d	id not fit in line			S FOR FILING		
do not omit, modify, or abbreviate any part of the Sobior's name) and enter the 10a. ORGANIZATION'S NAME							
<i>y</i>							
10b. INDIVIDUAL'S SURNAME							
INDIVIDUAL'S FIRST PERSONAL NAME							
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	97					S	UFFIX
MAILING ADDRESS	CITY			STATE	POSTAL CODE	<u> </u>	OUNTRY
ADDITIONAL SECURED PARTY'S NAME or ASSIG	NOR SECURED	FARTY'S I	NAME: Provide o	nly one na	me (11a or 11h)		
ASSIG 11a. ORGANIZATION'S NAME	MOIT GEGGILES	7×	TANE. 1 TORGE C	any <u>one</u> ik	ine (Ta or Tro)		
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME		ADDITIO	NAL NAME(S)/IN	NITIAL(S) S	UFFIX
TID. HADIVIDORE O GOTTINATE	FIRST PERSONAL	INFINE	( ),		, ,		
	CITY	- IV-IVIL		STATE	POSTAL CODE		COUNTRY
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		· NAME	C)				
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