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Doc# 2228041017 Fee \$93.00

**UCC FINANCING STATEMENT**  
FOLLOW INSTRUCTIONSRecorded at Request of:  
Sunrun, Inc.

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 10/07/2022 10:23 AM PG: 1 OF 3

|  |
|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>855-478-6786   |
| B. E-MAIL CONTACT AT FILER (optional)<br>customercare@sunrun.com   |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br>Sunrun, Inc.<br>P.O. Box 981440<br>El Paso, TX 79998-1440 |

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<br>Calimag |                      | FIRST PERSONAL NAME<br>David | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX         |
| 1c. MAILING ADDRESS<br>9330 Neenah Ave |                                     | CITY<br>Morton Grove | STATE<br>IL                  | POSTAL CODE<br>60053          | COUNTRY<br>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<br>USA |

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<br>Sunrun, Inc.              |                          |                       |                     |                               |                |
| OR   | 3b. INDIVIDUAL'S SURNAME |                       | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX         |
| 3c. MAILING ADDRESS<br>595 Market Street, 29th Floor |                          | CITY<br>San Francisco | STATE<br>CA         | POSTAL CODE<br>94105          | COUNTRY<br>USA |

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

The collateral described below is located at: 9330 Neenah Ave, Morton Grove, IL, 60053

ALL OF THE DEBTOR'S RIGHT, TITLE AND INTEREST IN PHOTOVOLTAIC SOLAR ENERGY EQUIPMENT (IF ANY), INCLUDING BUT NOT LIMITED TO ROOFTOP SOLAR PANELS, ELECTRICAL INVERTERS, CABLES AND WIRES, SUPPORT BRACKETS, RELATED EQUIPMENT, AND ADDITIONS OR REPLACEMENTS OF THE SAME. IN ADDITION, THE SECURITY INTEREST INCLUDES ALL WARRANTIES ISSUED WITH RESPECT TO THE REFERENCED COLLATERAL.

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|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative                 |  |  |  |  |  |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility                        |  |  |  |  |  |
| 6b. Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing  |  |  |  |  |  |
| 7. ALTERNATIVE DESIGNATION (if applicable): <input checked="" type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensors |  |  |  |  |  |
| 8. OPTIONAL FILER REFERENCE DATA:<br>Acct # SRC21106543203A Cook  |  |  |  |  |  |

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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

Calimag

FIRST PERSONAL NAME

David

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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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:

County of: Cook

Address of Real Estate: 9330 Neenah Ave, Morton Grove, IL, 60053

APN: 10-18-202-050

Legal See Exhibit A

Description:

17. MISCELLANEOUS:

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## EXHIBIT A

LOT 22 IN VAMSTD RESUBDIVISION OF VAMSTD SUBDIVISION, BEING A SUBDIVISION OF PART OF LOTS 2 AND 3 OF ASSESSOR'S DIVISION OF THE NORTHEAST ¼ OF SECTION 18, AS RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS ON APRIL 27, 1977 AS DOCUMENT NO. 23903943, TOGETHER WITH THE EAST 15.00 FEET OF THE WEST 160.00 FEET LYING NORTH OF THE CENTER LINE OF BECKWITH ROAD OF LOT 3 OF ASSESSOR'S DIVISION OF THE NORTHEAST ¼ OF SECTION 18, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. ~~X~~