

# UNOFFICIAL COPY

Doc#. 2303140181 Fee: \$98.00  
Karen A. Yarbrough  
Cook County Clerk  
Date: 01/31/2023 02:41 PM Pg: 1 of 2

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

|  |
|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>CSC 1-800-858-5294   |
| B. E-MAIL CONTACT AT FILER (optional)<br>SPRFiling@cscglobal.com   |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br>2486 30322<br>CSC<br>801 Adlai Stevenson Drive<br>Springfield, IL 62703<br>Filed In: Illinois<br>(Cook) |

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>BROWNLEE |                  | FIRST PERSONAL NAME<br>JERRY | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX         |
| 1c. MAILING ADDRESS<br>440 50TH AVE |                                      | CITY<br>BELLWOOD | STATE<br>IL                  | POSTAL CODE<br>60104          | 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 |

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>Microf     |                          |                |                     |                               |                |
| OR                                    | 3b. INDIVIDUAL'S SURNAME |                | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX         |
| 3c. MAILING ADDRESS<br>P.O. Box 70085 |                          | CITY<br>Albany | STATE<br>GA         | POSTAL CODE<br>31707          | COUNTRY<br>USA |

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

All of the Debtor's right, title and interest, now existing and hereafter arising, in and to all of the Equipment subject to that certain Lease No.193173 between Debtor as Lessee and Microf,LLC as Lessor,(ii) all insurance, warranty, rental and other claims and rights to payment and chattel paper arising out of such Equipment,(iii) all books, records and proceeds relating to the foregoing, and (iv) any other property or rights to which the Lessee may be or become entitled by reason of Lessee's interest in the Equipment. For the purposes of this financing statement, "Equipment" shall be further described in item 12 of the UCC1Ad attached hereto, and includes all substitutions, replacements, upgrades, repairs, parts and attachments, improvements and accessions thereto. THIS FILING IS FOR PRECAUTIONARY AND INFORMATIONAL PURPOSES ONLY. THE PARTIES CONSIDER THIS TRANSACTION TO BE A TRUE LEASE. LESSEE HAS NO RIGHT TO SELL OR PLEDGE THE EQUIPMENT, IT IS OWNED BY LESSOR AND LEASED TO LESSEE.

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/Buyer  Bailee/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

2486 30322

# UNOFFICIAL COPY

## 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

BROWNLEE

FIRST PERSONAL NAME

JERRY

ADDITIONAL NAME(S)/INITIAL(S)

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):

GAS FURNACE SYSTEM - A/C, EVAP COIL, FURNACE

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):

Address

440 50TH AVE

BELLWOOD, IL 60104-1752

16. Description of real estate:

LOT 20, BLOCK 1, Cummings & Co Garden Home Subdivision, Proviso Twnshp, Census Tract 806900, Block 4015, Cook County, IL.

APN: 15-08-306-013-0000

17. MISCELLANEOUS:  
RTO-000193173