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Doc#. 2314210003 Fee: \$98.00

2560 74910

Karen A. Yarbrough Cook County Clerk

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 2560 74910 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Illinois (Cook) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide only and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME	JCC FINANCING STATEMENT	Di	ate: 05/22/2023 09:5	57 AM Pg: 1 of	f3	
B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 2560 74910 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Illinois (Cook) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide only and block on the content of the Debtor's name); if any part of the Individual Debtor name will not fit in line 1b, leave all of item' block, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)	A. NAME & PHONE OF CONTACT AT FILER (optional)					
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Springfield, IL 62703 Filed In: Illinois (Cook) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide on; and blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)	I and the second	1				
1. DEBTOR'S NAME: Provide on, and or obtained the Individual Debtor name will not fit in line 1b, leave all of the many blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)	Coringfold II 60702					
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide only and control of the Individual 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 name will not fit in line 1b, leave all of a model of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)	Springilleid, IL 62703 Fi					
1. DEBTOR'S NAME: Provide on, 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 name will not fit in line 1b, leave all of .cm blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)		(000)	THE ABOVE	E SPACE IS FO	R FILING OFFICE USE	ONLY
1a. ORGANIZATION'S NAME						
	1a. ORGANIZATION'S NAME					
The individual's surname additional name(s)/initial(s) suffix brewer brewer background brightness brewer brewer.	1b. INDIVIDUAL'S SURNAME				ADDITIONAL NAME(S)/INITIAL(S)	
1c. MAILING ADDRESS 6440 S JUSTINE ST #HSE CITY STATE POSTAL CODE COUNTRY		CITY		1		
	<u> </u>					
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact of came; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor name will not fit in line 2b, leave all of item 2 blank, check here and provide the findividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)						
2a. ORGANIZATION'S NAME	2a. ORGANIZATION'S NAME	70				
OR 2b. INDIVIDUAL'S SURNAME FIRST PER 50N AL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	PR 25 INDIVIDUAL'S SURNAME	FIRST PER (ON A)	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SHEELY
28. INDIVIDUAL O SONTANIE	20. HONDONE O CONTAINE	THOU YEAR DON'T	TATALE.	ADDINIO	TALE TARRELON THAT TALE(O)	00111/
2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY	c. MAILING ADDRESS	CITY	7/1	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)		CURED PARTY): Provi	ide only <u>one</u> Se ureo Par	ty name (3a or 3b)	'
3a. ORGANIZATION'S NAME MICOOF	3a. ORGANIZATION'S NAME MICROT					
OR 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	R 35. INDIVIDUAL'S SURNAME	FIRST PERSONAL	. NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1				11/		
3c. MAILING ADDRESS P.O. Box 70085 CITY Albany CITY Albany COUNTRY USA	MAILING ADDRESS P.O., Box 70085					
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	COLLATERAL: This financing statement covers the following collateral:	ing and haraaft	or original in on	d to all of th	oo fa viriment sub	ioot to that
certain Lease No. 197310 between Debtor as Lessee and Microf,LLC as Lessor,(ii) all insurance, v ar anty, 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	ESSEE HAS NO RIGHT TO SELL OR PLEDGE T					
LESSEE.	.ESSEE.					
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 Representation	. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Tru	ust (see UCC1Ad, item 1	7 and Instructions)	being administe	red by a Decedent's Person	al Representative
6a. Check only if applicable and check only one box: 6b. Check only if applicable and check only one box:	Check <u>only</u> if applicable and check <u>only</u> one box:			6b. Check only i	f applicable and check <u>only</u>	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:

UNOFFICIAL COPY

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS					
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State because Individual Debtor name did not fit, check here	ment; if line 1b was left blank]			
9a. ORGANIZATION'S NAME		_			
OR 95. INDIVIDUAL'S SURNAME		1			
BREWER		1			
FIRST PERSONAL NAME DAVID					
ADDITIONAL NAME(SYINITALIS)	SUFFIX				
				IS FOR FILING OFF	
 DEBTOR'S NAME: Provide (10a or 10% or 10 one additional Debtor of do not omit, modify, or abbreviate any part of the Sobror's name) and enti- 		n line 1b or 2b of the F	inancing S	Statement (Form UCC1)	(use exact, full name;
10a. ORGANIZATION'S NAME	<u>-</u>				
OR CO. AUDITORIUS OLIDIANIS					
10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME	·				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	4				SUFFIX
10c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
	0,				
11. ADDITIONAL SECURED PARTY'S NAME or AS	SIGNOR SECURE O FARTY	"S NAME: Provide of	only <u>one</u> na	ame (11a or 11b)	
Tra. ORGANIZATION S NAIWE					
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	0,	ADDITIO	NAL NAME(S)/INITIAL(S) SUFFIX
11c. MAILING ADDRESS	СІТҮ	0	STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): TANKLESS WATER HEATERS			6		
TANKLESS WATER REATERS			0.		
				Ö	
13. This FINANCING STATEMENT is to be filed [for record] (or recorded REAL ESTATE RECORDS (if applicable)) in the 14. This FINANCING STATI	EMENT:		_	
15. Name and address of a RECORD OWNER of real estate described in item	covers timber to be		extracted	collateral 🗹 is filed	as a fixture filing
(If Debtor does not have a record interest): 6440 S JUSTINE ST #HSE	SEE ATTACHME				
CHICAGO, IL 60636					
17. MISCELLANEOUS:	•				
RTO-000197310					

Property of Cook County Clerk's Office