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Doc#. 2317213288 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 06/21/2023 12:38 PM Pg: 1 of 3

FOLLOWINSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT FILER (optional)						
B. E-MAIL CONTACT AT FILER (optional)						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
DRAFTED BY: Dentons US LLP	7					
233 South Wacker Drive, Suite 5900 Chicago, Illinois 60636						
Attention: Steven R. Landson, Esq.						
NCS SALLA MPIS (CF-1072)		THE ABOVE SPACE I	S FOR	FILING OFFICE USE (	ONLY	
DEBTOR'S NAME: Provide only one Debtor pame (in or 1b) (us name will not fit in line 1b, leave all of item 1 blank, check here	se exact, full name; do not omit, modi and provide the Individual Debtor info					
1a, ORGANIZATION'S NAME CRP/TCC AA II Glenview, L.L.	×					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			ADDITIONAL NAME(S)/INITIAL(S) SUFF		
1c. MAILING ADDRESS c/o The Carlyle Group, 1001 Pennsylvania Avenue, N.W., Suite	e 220 South Washington	I '	ATE	POSTAL CODE 20004-2505	COUNTRY	
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (us name will not fit in line 2b, leave all of item 2 blank, check here	se exact, full name, to not omit, modil and provide the Individual Debtor info					
2a. ORSANIZATION'S NAME	0					
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	N.c. AD	DITION	AL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS	CITY	STA	ATE	POSTAL GODE	COUNTRY	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSI	GNOR SECURED PARTY): Provide	only one Secured Party rumo (3a	a or 3b)			
Sa. ORGANIZATION'S NAME			61			
OR SB. INDIVIDUAL'S SURNAME	GAGE ORIGINAT		DUION	AL MANGEONINITIAL (O)	lauren	
			(	A' NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS	CITY			POST/ L COD :	COUNTRY	
One MetLife Way	Whippany	N	J	07981-149	USA	
4. COLLATERAL: This financing statement covers the following colla	teral:			10		

ALL PERSONAL PROPERTY AND OTHER ASSETS OF WHATEVER KIND OR NATURE. WHETHER NOW EXISTING OR HEREAFTER ARISING OR ACQUIRED.

5. Check only if applicable and check only one box: Collateral is he	eld in a Trust (see UCC1Ad, item 17 and Ins	structions) 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 Tra	nsaction A Debtor is a Transmitti	ing Utility Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable). Lessee/Lessor	Consignee/Consignor [	Seller/Buyer Bailee/Bailor Licensea/Licensor
8. OPTIONAL FILER REFERENCE DATA: Recorded in Cook County, IL	Avidor Glenview	15258836-000216

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### UCC FINANCING STATEMENT ADDENDUM

15. N		See Exhibit	A attached h	ereto and	made a part ner	eof.
15. N		See Exhibit	A attached h	ereto and	made a part ner	eof.
	f Debtor does not have a record interest):			4N	made a part her	
	This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable)  lame and address of a RECORD OWNER of real estate described in Item 1	covers timber to be c	ut covers as	extracted colla	ateral 🚺 is filed as a t	ixture filing
13.	✓ This FINANCING STATEMENT is to be filed (for record) (or recorded) in	n the 14. This FINANCING STATE	ΛΕΜΤ∙			
					0	
					Trico	
					) <sub>x</sub>	
12. /	ADDITIONAL SPACE FOR ITEM 4 (Collateral):			3		
J tG,	MAILING ADDRESS	сну	.6	STATE P	OSTAL CODE	COUNTRY
110	MAILING ADDRESS		<u>C</u>			
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX
11.	ADDITIONAL SECURED PARTY'S NAME QL ASS	IGNOR SECURED PARTY	S NAME: Provide	only <u>one</u> name	e (11a or 11b)	
		СПҮ			OSTAL CODE	COUNTRY
10c	MAILING ADDRESS	Torre				
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	0				ISUFFIX
	INDIVIDUAL'S FIRST PERSONAL NAME					
OR	10b. INDIVIDUAL'S SURNAME			······································		
	10a. ORGANIZATION'S NAME					
10,	DEBTOR'S NAME: Provide (10a or rob only one additional Debtor na do not omit, modify, or abbreviate any part of the Cobtor's name) and enter	ame or Debtor name that did not fit in	line 1b or 2b of the	Financing Stat	ement (Form UCC1) (use	exact, full nam
	ADDITIONAL NAME(S)/INIT.ALIS)	SUFFIX	THE ABOVE	S SDACE IS	FOR FILING OFFICE	ICE ONLY
	FIRST PERSONAL NAME					
OR	9b. INDIVIDUAL'S SURNAME					
	CRP/TCC AA II Glenview, L.L.C.	-				
	9a. ORGANIZATION'S NAME					

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#### EXHIBIT A

LOT 1 IN AVIDOR GLENVIEW SUBDIVISION, BEING A RESUBDIVISION OF A PART OF SECTION 35, TOWNSHIP 42, NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, EAST OF THE RIGHT OF WAY OF THE CHICAGO, MILWAUKEE AND ST. PAUL RAILROAD AND WEST OF THE CENTER OF THE PUBLIC HIGHWAY, IN COOK COUNTY, ILLINOIS ACCORDING TO THE PLAT THEREOF RECORDED AS DOCUMENT 2134422072.

ADDRESS: 650 Waukegan Road, Glenview, IL 60025 A-35-314

OR COUNTY CIENTS OFFICE

PIN(S):