

\*2317410003\*

Doc# 2317410003 Fee \$93.00

UCC FINANCING STATEMENT

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

KAREN A. YARBROUGH

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

DATE: 06/23/2023 10:00 AM PG: 1 OF 2

Debtor's

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

(816) 207-2125

Rebecca Wheeler 102270111

B. EMAIL CONTACT AT FILER (optional)
rebecca.wheeler@alorica.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

MEDALLION BANK
4315 PICKETT RD.

ST. JOSEPH, MIO 64503

FILED IN: COOK,IL

1. DEBTOR'S NAME - Provide only one	ector 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
name will not fit in line 1b, leave all of item 1 b	lank, there and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)
1a ODCANIZATION'S NAME	

name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Jebu 1 information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME FIRST PER (ON A NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

2c. MAILING ADDRESS

CITY

STATE POSTAL CODE COUNTRY

USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Printy ime (3a or 3b)

3a. ORGANIZATION'S NAME

MEDALLION BANK

3b. INDIVIDUAL'S SURNAME

A 7DITIONAL NAME(SYINITIAL(S)) SUFFIX

3c. MAILING ADDRESS

CITY

STATE PROVIDEDE COUNTRY

4315 PICKETT RD.

ST. JOSEPH

MO 645(3) USA

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

Siding and windows - Fixture Filing

THE FOLLOWING PROPERTY IS SITUATED IN ROLLING MEADOWS, COUNTY OF COOK, STATE OF ILLINOIS TO WIT: ROLLING MEADOWS UNIT 17 S2 S36 T42N R10E 3P LOT 2588 PROPERTY ADDRESS: 4010 WREND LN, ROLLING MEADOWS, IL 60008 PARCEL ID#: 02-36-417-043-0000

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INT.1

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5. Check only if applicable and check only one box : Collateral isheld 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:				

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## **UNOFFICIAL COPY**

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS				
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line	e 1b was left blank	1		
because individual Debtor name did not fit, check here				
9a. ORGANIZATION'S NAME				
OR				
9b. INDIVIDUAL'S SURNAME		1		
AGUILERA				
FIRST PERSONAL NAME JOSUE				
ADDITIONAL NAME(S)/INITIA_(S)	SUFFIX			
90-		THE ABOVE SPA	CE IS FOR FILING OFFICE	USE ONLY
10. DEBTOR'S NAME: Provide (10a or 10 ) bit yone additional Debtor name or De do not omit, modify, or abbreviate any part of the Jeb' , i's name) and enter the maili	abtor name that did not fit in line ng address in line 10¢	1b or 2b of the Financing S	talement (Form UCC1) (use exac	t, full name;
10a. ORGANIZATION'S NAME				
OR 10b. INDIVIDUAL'S SURNAME				
· ·				-···- <u>-</u>
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	)			SUFFIX
	$\tau_{0}$			
10c, MAILING ADDRESS	CITY	Š	STATE POSTAL CODE	COUNTRY
	0/			USA
_ <u></u>	URED PARTY'S NA 'AE: F rov	ide only <u>one</u> name (11a or 1	(1b)	
11a. ORGANIZATION'S NAME	Š			
OR 11b. INDIVIDUAL'S SURNAME	TFIRST PERSONAL NAME		ÖÖITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	Is	TATE POSTAL CODE	COUNTRY
		$T_{i}$	6	
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
			Office	
			, C	
			C	
13 - THE SIMANCING STATEMENT IN THE STAT	14. This FINANCING STA	TEMENT.		
13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	covers timber to be a	··	ed collateral 🔀 is filed as a fi	xture 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			<u></u>
Owners: JOSUE AGUILERA	THE FOLLOW	ING PROPERTY	'IS SITUATED IN R	OLLING
owners, soode modification	<b>I</b>		OK, STATE OF ILLIN	
	<b>I</b>		IIT 17 S2 S36 T42N	
			SS: 4010 WREN LN 8 PARCEL ID#: 02-3	
	-0000	100000	O FANGEL ID#, UZ-3	/U-4 1 <i>1</i> -U43
17. MISCELLANEOUS:	<u> </u>			