INOFFICIAL COPY

2327746002	
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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

3a. ORGANIZATION'S NAME CAT Scale Company OR 3b. INDIVIDUAL'S SURNAME

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

3c. MAILING ADDRESS

P. O. Box 630

		KH3P ELIGIO III III
A. NAME & PHONE OF CONTACT AT FILER (optional) JoAnn Conrad, Legal Assistant, 563.324.1000		KAREN A. YARBROUGH
B. E-MAIL CONTACT AT FILER (optional) jconrad@slhlaw.com		COOK COUNTY CLERK Date: 10/04/2023 09:35 AM F
C. SEND ACKNOWLEDGMENT TO: (Name and Address) JoAnn Conrad, Legal Assistant Stanley, Lande & Hunter, a Professional Corporation		
201 West Second Street, Suite 1000 Davenport, IA 52301	1	
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; and the control of the contro	do not omit, modif	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY y, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's

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Down #	-2327746NUZ-	ree	400.	99

RHSP FEE:\$18.00 RPRF FEE: \$1.00

ADDITIONAL NAME(S)/INITIAL(S)

POSTAL CODE

52773

IA

SUFFIX

COUNTRY

USA

DATE: 10/04/2023 09:35 AM PG: 1 OF 3

1a. ORGANIZATION'S NAME	and provide the Individual Debtor information in item 1	10 of the Financing Sta	itement Addendum (Form UC	C1Ad)
GRAHAM ENTERPRISE, INC. OR 15. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS 250 Bunker Court, Suite 100	CITY Vernon Hills	STATE	POSTAL CODE	COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use name will not fit in line 2b, leave all of item 2 blank, check here are 2a. ORGANIZATION'S NAME	e act, 'ull name; do not omit, modify, or abbreviate a and pro ide he Individual Debtor information in item			
OB		TARRITION IN	NAME OF THE OWNER OWNER OF THE OWNER O	Toursey
2b. INDIVIDUAL'S SURNAME	FIRS, PERSONAL NAME	ADDITIO	nal name(s)/initial(s)	SUFFIX
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3, SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only or a Cacured Party name (3a or 3b)

This filling is not for an indebtedness, but for informational purposes only to provide notice that Debtor is in possession of CAT Scale #3425 and operates equipment owned by Secured Party, generally described as CAT Scale Company truck sociles or certified automated truck scales and other equipment related to CAT Scale Company, which have been installed on the decibed real estate.

CITY Walcott

FIRST PERSONAL NAME

Check only if applicable and check only one box: Collateral is	being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box:	6b. Check <u>only</u> if 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/But	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
Forest View, IL; Scale No. 3425 [D2363-12(44)]	

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NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing S because Individual Debtor name did not fit, check here	statement; if line 1b was left blank		
9a. ORGANIZATION'S NAME GRAHAM ENTERPRISE, INC.			
9b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL ME			
ADDITIONAL NAME(S)/INITIAL(1)	SUFFIX	THE ABOVE SPACE IS FO	R FILING OFFICE USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional Det do not omit, modify, or abbreviate any part of the Protor's name) and	otor name or Debtor name that did not fit in enter the malling address in line 10c	line 1b or 2b of the Financing Statemen	it (Form UCC1) (use exact, full nai
10a. ORGANIZATION'S NAME			
10b. INDIVIDUAL'S SURNAME	$\overline{}$		
INDIVIDUAL'S FIRST PERSONAL NAME	~O_		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	- 04		SUFFIX
c. MAILING ADDRESS	CITY	STATE POST	TAL CODE COUNTR
. ADDITIONAL SECURED PARTY'S NAME or	ASSIGNOR SECURED PARTY	'S NAME: Provide only one name (11	la or 11b)
	TELEGY PERIODNAL NAME	LADDITIONAL M	AME(S)/INITIAL(S) SUFFIX
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL IN	AME(S)INTIAC(S)
c. MAILING ADDRESS	CITY	STATE POST	TAL CODE COUNTR
ADDITIONAL SPACE FOR ITEM 4 (Collateral):		TŚC).c.
. X This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)	Covers uniber to be	cut covers as-extracted collater	al X is filed as a fixture filing
Name and address of a RECORD OWNER of real estate described in (if Debtor does not have a record interest):			
ED CROWN INVESTMENTS, LLC	Address: 4701 S.	Central Avenue, Chicago, Il	_ 60638-1530
50 Bunker Court, Suite 100 ernon Hills, IL 60061	See attached legal	description.	

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UCC FINANCING STATEMENT ATTACHMENT

Secured Party: CAT Scale Company

PARCEL 1:

LOT 1 (EXCEPT THAT PART THEREOF LYING NORTHWESTERLY OF A LINE DRAWN FROM A POINT ON THE NORTH LINE OF LOT 1 AFORESAID, 15 FEET EAST OF THE NORTHWEST CORNER THEREOF TO THE WEST LINE OF LOT 1 AFORESAID, 38 FEET SOUTH OF SAID NORTHWEST CORNER) IN CENTRAL TERMINAL, CEING PART OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 9, TOWNSHIP 35 FORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

LOT 2 IN CENTRAL TERMINAL BEING PART OF THE WEST HALF OF THE NORTHWEST QUARTER OF SECTION 9, TOWNSHIP 38 NORTH, RANGE 13 DIA.
OLINATORA EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

19-09-100-032 and 19-09-100-033