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Doc#. 2332041239 Fee: \$107.00 Karen A. Yarbrough Cook County Clerk Date: 11/16/2023 12:33 PM Pg: 1 of 3 UCC FINANCING STATEMEN 95-1027185 **FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) B. E-MAIL CONTACT AT SUBMITTER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) LOAN FUNDER LLC, SERIES 61753 645 Madison Avenue, 19th Floor New York, 11 10022 SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide on', 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 and provide the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) not fit in line 1b, leave all of item 1 blank, one ... he re 1a ORGANIZATION'S NAME KNK INVESTMENTS LEG ADDITIONAL NAME(S)/INITIAL(S) 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME 1c. MAILING ADDRESS STATE POSTÁL CODE COUNTRY 2803 West 65th Avenue Merrillville IN 46410 2. DEBTOR'S NAME Provide only one Debtor name (2a or 2b) (use exact, this name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will and privide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME FIRST PLASTNAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2b. INDIVIDUAL'S SURNAME 2c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 3 SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) Provide on, une Secure Party name (3a or 3b) 3a. ORGANIZATION'S NAME LOAN FUNDER LLC, SERIES 61753

4 COLLATERAL. This financing statement covers the following collateral

645 Madison Avenue, 19th Floor

3b. INDIVIDUAL'S SURNAME

3c. MAILING ADDRESS

9541 S. Indiana Avenue, Chicago, IL 60628 (Tax I.D. Number 25-10-102-019-5000)

FIRST PERSONAL NAME

New York

ADDITIONAL NAME(S)/INITIAL(S)

POSTAL CODE

10022

NY

SUFFIX

COUNTRY

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 anly 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/B	Suyer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	

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UCC FINANCING STATEMENT ADDENDUM

. NAME OF FIRST DEBTOR Same as line 1a or 1b o ecause individual Debtor name did not fit, check here	on Financing Statement; if line 1b was left	blank			
99. ORGANIZATION'S NAME KNK INVESTMENTS LLC					
9b. INDIVIDUAL'S SURNAME					
FIRST PERSONAL NAME					
ADDITIONAL NAME, 3): NITIAL(8)		SUFFIX			
0. DEBTOR'S NAME Provi e (1/ a or 10b) only one a				IS FOR FILING OFFICE ent (Form UCC1) (use exact	
do not omit, modify, or abbreviate ar y pa 1 of the Debtor	's name) and enter the mailing address in	lme 10c 			
OR 10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME	0,				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
DC. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNT
1 ADDITIONAL SECURED PARTY'S NAME		IIVIIIE	IN IE: Provide only <u>one</u> nan	46410	
11a. ORGANIZATION'S NAME	AddidNot(CED)	LD TART S NAM	IL. Flovide only one nam	ie (118 di 110)	
R 11b. INDIVIDUAL'S SURNAME	FIRST PER	SONALLAN	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
11b. INDIVIDUAL'S SURNAME 1c. MAILING ADDRESS	FIRST PER	SONALMANZ	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral)	сіту	3	STATE	POSTAL CODE	
c. MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral) 9541 S. Indiana Avenue, Ch	nicago, IL 60628 (Tax	I.D. Numbe	STATE r 25-1()-102-0	POSTAL CODE	
c. MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral) 9541 S. Indiana Avenue, Ch	city nicago, IL 60628 (Tax	NANCING STATEMENT-	STATE r 25-1()-102-0	POSTAL CODE	
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c. MAILING ADDRESS 2 ADDITIONAL SPACE FOR ITEM 4 (Collateral) 9541 S. Indiana Avenue, Ch 3. This FINANCING STATEMENT is to be filed (for reconded and address of a RECORD OWNER of real estate)	city nicago, IL 60628 (Tax	NANCING STATEMENT-	state r 25-10-102-0	POSTAL CODE	COUNTI
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c. MAILING ADDRESS 2 ADDITIONAL SPACE FOR ITEM 4 (Collateral) 9541 S. Indiana Avenue, Ch 3. This FINANCING STATEMENT is to be filed (for reconstance) REAL ESTATE RECORDS (if applicable) 5. Name and address of a RECORD OWNER of real estate	city nicago, IL 60628 (Tax	NANCING STATEMENT-	state r 25-10-102-0	POSTAL CODE	COUNT
3. This FINANCING STATEMENT is to be filed (for recognated applicable) This FINANCING STATEMENT is to be filed (for recognated applicable) The state records (if applicable)	city nicago, IL 60628 (Tax	NANCING STATEMENT-	state r 25-10-102-0	POSTAL CODE	COUNTI

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LOT 19 IN BLOCK 4 IN SECOND ROSELAND HEIGHTS SUBDIVISION OF THE EAST 2/3 OF THE NORTH WEST 1/4 OF SECTION 10, TOWNSHIP 37 NORTH, RANGE 14 EAST, OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

Vin: 25-10-102-09-0000 Aroperty of Cook County Clerk's Office