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| (1) 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | •  | KAREN A. YARBR  |                     |
| UCC FINANCING STATEMENT  |  |   |                     |
| FOLLOW INSTRUCTIONS  |  | COOK COUNTY CL  |                     |
| A. NAME & PHONE OF CONTACT AT FILER [optional]   |  | DATE: 11/30/20  | 23 09:56 AM PG:     |
| FTL Finance (888)314-4588  |  |   |                     |
| B. E-MAIL CONTACT AT FILER [optional]  |  |   |                     |
| customerservice@ftlfinance.com   |  |   |                     |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)  |  |   |                     |
| FTL Finance  |  |   |                     |
| 820 South Main Street Suite 300  | '  |   |                     |
| St. Charles, N. 63 301   | 1  |   |                     |
| St. Charles, 7 C 0.301   |  | E ABOVE SPACE IS FOR FILING OFFICE USE  | ONLY                |
| 1. DEBTOR'S NAME - Provide of ay 0. a Debtor name (1a or 1b) (use examindividual Debtor's name will not 50 at 1b, leave all of item 1 blank, 0   |  | part of the Debtor's name); if any part of the<br>Debtor information in item 10 of the Financing Statem | nent                |
| Addendum (Form UCC1Ad)   |  | , , , , , , , , , , , , , , , , , , ,   |                     |
| 1a. ORGANIZATION'S NAME  |  | ,   |                     |
| OR 15. INDIVIDUAL'S SURNAME  | FIRST PERSONAL NAME                                      | ADDITIONAL NAME(S) / INITIAL(S)   | SUFFIX              |
| Prestwood  | Mansa  |   |                     |
| 1c. MAILING ADDRESS  | CITY   | STATE POSTAL CODE   | COUNTRY             |
| 7344 S Wabash  | Chicago  | IL 60619  |                     |
| <ol> <li>DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use a)<br/>Individual Debtor's name will not fit in line 2b, leave all of nem 2 blank,<br/>Addendum (Form UCC1Ad)</li> </ol> |  | part of the Debtor's name); if any part of the<br>Debtor information in item 10 of the Financing Staten | nent                |
| 2a. ORGANIZATION'S NAME .  | 0/   |   |                     |
| OR 25. INDIVIDUAL'S SURNAME  | I RST NA**_  | MIDDLE NAME   | SUFFIX              |
| Prestwood  | Anto tique   |   |                     |
| 2c. MAILING ADDRESS  | CITY .   | STATE POSTAL CODE   | . COUNTRY           |
|  |  |   |                     |
| 3, SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN   | OR SECURED PARTY): Provide only <u>or a</u> \$ .cu nd Pa | rty name (3a or 3b)   |                     |
| 3a ORGANIZATION'S NAME   |  | ,   | •                   |
| FTL Finance  |  |   |                     |
| 3b. INDIVIDUAL'S LAST NAME   | FIRST NAME   | MIDOLE NAME .   | SUFFIX              |
| 3c. MAILING ADDRESS  | CITY   | STATE POSTAL CODE   | COUNTRY             |
| 820 South Main Street Suite 300  | St. Charles  | 63301   |                     |

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

Unknown #65696467 BOILER FORCESTM08

| a. Check only if applicable and check only one box: |   | 6b Check only if applicable and check |                   |
|---|---|---------------------------------------|-------------------|
| Public-Finance Transaction Manufactured-Hon         | ne 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 |
| OPTIONAL FILER REFERENCE DATA                       |   |                                       |                   |
| 1149404, Mansa Prestwood                            |   |                                       |                   |

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UCC FINANCING STATEMENT ADDENDUM **FOLLOW INSTRUCTIONS** 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statment; if line 1b was left blank because Individual Debtor name did not fit, check here 9a, ORGANIZATION'S NAME TO INDIVIDUAL'S SURNAM Prestwood FIRST PERSONAL M. Mansa ADDITIONAL NAME(S) / INITI/ .S(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME - Provide (10a or 107, on, 10ne additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify or otherwise any part of the Debtor's name) and enter the mailing address in line 10c 10a ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME Prestwood Antonique SUFFIX INDIVIDUAL'S ADDITIONAL NAME(SWNITIAL(S) POSTAL CODE COUNTRY 10c. MAILING ADDRESS ASSIGNOR SECURED . 'ARTY'S NAME - Provide only one name (112 or 11b) 11. ☐ ADDITIONAL SECURED PARTY'S NAME gr ORGANIZATION'S NAME 1 Ib. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S) / INITIALS(S) POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 14. This FINANCING STATEMENT: 13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) covers timber to be cut covers as-extracted collateral 15. Name and address of a RECORD OWNER of real estate described in item 18. Description of real estate: 16 (if Debtor does not have a record interest): APN: 20-27-112-017-0000, Lot: 5, T-R-S: 38N-14E-27, Recorded Owner: Mansa Prestwood Owner Address: Township: 7344 S Wabash HYDE PARK, Subdivision: HERMANS SUB OF PT SW NW SEC 27-38-14, County: Cook Chicago, IL 60619 SEE ATTACHED 17. MISCELLANEOUS:

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## **UNOFFICIAL COPY**

COOK COUNTY CLERK OFFICE
ACCORDING DIVISION
AND CLARK ST. ROOM 120
A CCASO, IL 30602-1387 THE SOUTH 33 FEET 3 3/4 INCHES OF THE NORTH 66 FEET 7 1/2 INCHES OF LOT 5 IN BLOCK 3 IN HERMAN'S SUBDIVISION OF THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 27, TOWNSHIP 38 NORTH, RANGE 14, EAST-OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

COOK COUNTY CLERK OFFICE 118 N. CLARK ST. ROOM 120