Doc#. 2407120151 Fee: S107.00 KAREN A. YARBROUGH COOK COUNTY CLERK'S OFFICE Date 3/11/2024 12:10 PM Pg: 1 of 3

UCC FINANCING STATEMENT

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

Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141

FOLLOW INSTRUCTIONS

3. E-MAIL CONTACT AT FILER (optional)			
uccfilingreturn@wolterskluwer.com			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	59481 - Launch Servicing,		
Lien Solutions	07764069		
P.O. Box 29071	97761268		
Glendale, CA 91209-9071	ILIL I		
	FIXTURE 1		
	FIXTURE		
File with Cook, IL		THE ABOVE SPACE IS FOR FILING OFFICE U	ISE ONLY
DEBTOR'S NAME: Provide onlye Septor 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	e Individual Debtor's
name will not fit in line 1b, leave all of item 1 ob check here	and provide the Individual Debtor informat	on in item 10 of the Financing Statement Addendum (Form	UCC1Ad)
1a. ORGANIZATION'S NAME			
· ()_			
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Kennedy	Geneva		
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
2296 N RAVEN LN	LYNWOOD	IL 60411	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b)		abbreviate any part of the Debtor's name); if any part of the	<u> </u>
name will not fit in line 2b, leave all of item 2 blank, check here	and provide the Individual Debtor informat	ion in item 10 of the Financing Statement Addendum (Form	UCC1Ad)
2a. ORGANIZATION'S NAME	To		
2b. INDIVIDUAL'S SURNAME	FIRST PERSONA , NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	<i>()</i> .		
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIGNEE of AS	SIGNOR SECURED PARTY): Provide only o	one Serureo Party name (3a or 3b)	•
3a. ORGANIZATION'S NAME	, · · · · ·		
SunPower Capital Services LLC			
R 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
		174	
ic. MAILING ADDRESS	CITY	ST. TE POSTAL CODE	COUNTRY
			OCCIVITA
8900 Amherden Boulevard	Austin	TX 1 78729	
8900 Amberglen Boulevard COLLATERAL: This financing statement covers the following co	Austin	TX 78729	USA

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 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/Buye	r Bailee/Bailor Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA:		
97761268 LoanID 648314	LenderCode SP0002	

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UCC FINANCING STATEMENT ADDENDUM **FOLLOW INSTRUCTIONS** 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME OF 9b. INDIVIDUAL'S SURNAME Kennedy FIRST PERSONAL NAME Geneva ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 100' only one 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 abbreviate any part of the Patier's name) and enter the mailing address in line 10c 10a, ORGANIZATION'S NAME OR 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS COUNTRY ASSIGNOR SECURED PATATY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME 11a. ORGANIZATION'S NAME OF 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral) 14. This FINANCING STATEMENT 13. 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 is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): Parcel ID:

32-12-204-050-0000 Legal Description Census Block 5, Census Tract 8285.05, Legal Lot 5, Map Reference 35-14-12NE County: COOK [See Exhibit for Real Estate]

17. MISCELLANEOUS: 97761268-IL-31 59481 - Launch Servicing, LL

SunPower Capital Services LLC

File with: Cook, IL

LoanID 648314 LenderCode SP0002

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Debtor: Kennedy, Geneva

Exhibit for Real Estate

16. Description of real estate:

Continued

Section: 351412

2-204-0.

COOK COUNTY CLOPK'S OFFICE 32 12-204-050-0000