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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

Doc#. 2411302069 Fee: \$107.00 KAREN A. YARBROUGH COOK COUNTY CLERK'S OFFICE Date 4/22/2024 10:23 AM Pg: 1 of 3

A. NAME & PHONE OF CONTACT AT FILER (optional Name: Wolters Kluwer Lien Solutions Phone: 80	,	
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com		
C. SEND ACKNOWLEDGMENT TO: (Name and Address	^{ess)} 55707 - EVERBRIGHT	
Lien Solutions P.O. Box 29071	98487365	
Glendale, CA 91209-9071	ILIL	
	FIXTURE	
File with Cook, IL		THE ABOVE SPACE IS I
1. DEBTOR'S NAME: Provide only one Delitor name (1a name will not fit in line 1b, leave all of iten. 1 of the check h	<u> </u>	
1a. ORGANIZATION'S NAME		

P.O. Box 29071	98487365			
Glendale, CA 91209-9071	ILIL			
Gleridale, e/t 01200 0011				
	FIXTURE _I			
Filc with Cook, IL		THE ABOVE SPACE IS I	FOR FILING OFFICE U	SE ONLY
I. DEBTOR'S NAME: Provide only use Dentor name (1	a or 1b) (use exact full name; do not om			
name will not fit in line 1b, leave all of iten 1 brank check				
1a. ORGANIZATION'S NAME	<u> </u>			
DR 1b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME TADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
Johnson	Verdaline Verdaline			
Ic. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
13845 SEELEY AVE	BLUE ISLA	AND IL	60406	USA
. DEBTOR'S NAME: Provide only one Debtor name (2)	2a or 2b) (use exact full≥me; do not om	it, modify, or abbreviate any part of the Debt	or's name); if any part of the	Individual Debtor's
name will not fit in line 2b, leave all of item 2 blank, check	here and provide the Individual Deb	otor information in item 10 of the Financing 5	3tatement Addendum (Form '	UCC1Ad)
2a. ORGANIZATION'S NAME	To			
2b. INDIVIDUAL'S SURNAME	FIRST PERS JN	A NAME ADDITI	ADDITIONAL NAME(S)/INITIAL(S)	
Johnson	Garth	R	R	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
13845 SEELEY AVE	BLUE ISLA	AND IL	60406	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNE	EE of ASSIGNOR SECURED PARTY): P	rovide only one Serureo Party name (3a or	3b)	
3a. ORGANIZATION'S NAME	·		·	
EverBright, LLC				
OR 36. INDIVIDUAL'S SURNAME	FIRST PERSON	VAL NAME (ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
		11/		
3c. MAILING ADDRESS	сіту	STATE	POSTAL CODE	COUNTRY
	UIT	(51) IE	: POSTAL CODE	COUNTRY

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

This Financing Statement covers the following, owned by the Secured Party or its successors and assigns: That certain photovoltaic solar electric generation system 4.05 kW Solar System installed on behalf of, and owned by, the Secured Party (or its successors and assign:) at the address of the Debtor set forth above, including but not limited to photovoltaic panels, inverters, monitoring equipment, racking, energy storage or energy shifting systems, other equipment incorporated into such System, related environmental attributes, incentives, green tags or certificates, cli claims under warranties, all payments under any indemnity, warranty or guaranty with respect to any such property, all awards for taking by eminent domain, all proceeds of fire, theft or other insurance, including, without limitation, any and all refunds of unearned premiums in connection with any cancellation, adjustment or termination of any insurance policy or policies, any and all proceeds obtained as a result of any legal action or proceeding with respect to any of the forgoing property, and claims against third parties for loss or damage to, or destruction of, any of such property. The filing of this financing statement shall not be deemed to create any relationship between the Secured Party and the Debtor other than that created by that certain Solar Service Agreement between Secured Party and Debtor (as the same may have been amended, restated, or otherwise modified from time to time). This financing statement has been filed as a precaution solely to protect the interests of Secured Party or its successors and assigns in the System.

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 De	cedent's Personal Representative
6a. Check only if applicable and check only one box:	6b. Check <u>only</u> if applicable	e 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/Buye	er Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:		
98487365 f2230e27	f2230e27	

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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					
96. INDIVIDUAL'S SURNAME					
Johnson					
FIRST PERSONAL NAME					
Verdaline					
ADDITIONAL NAME(S)/INITIAL (S)	SUFFIX				
		THE ABO	/E SPAC	E IS FOR FILING OFFI	CE USE ONLY
10. DEBTOR'S NAME: Provide (10a or 10b) one additional Debtor name or I			Financing S	Statement (Form UCC1) (use	e exact, full name;
do not omit, modify, or abbreviate any part of the Petior's name) and enter the mai 10a. ORGANIZATION'S NAME	iling address in line 100				
INC. ORGANIZATION O NAME					
OR 10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	Z				SUFFIX
4	τ_{\wedge}				
10c. MAILING ADDRESS	ату		STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME OF ASSIGNO	R SECURED PAST	Y'S NAME: Provide o	nly one nam	l ne (11a or 11b)	
11a. ORGANIZATION'S NAME	7	7	, <u>9119</u> 11411	10 (114 01 115)	
	•				
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
11c MAILING ADDRESS	ату		STATE	POSTAL CODE	COUNTRY
TIE MALINO ISSAECO	Carr	Cy		T GOTAL GODE	Social
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		-			
			0,		
				/X:	
				0	
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14 This FINANCING	STATEMENT:			
REAL ESTATE RECORDS (if applicable)	Covers timber	_	s-extracted	collateral X is filed as a	a fivture filing
15. Name and address of a RECORD OWNER of real estate described in item 16	16. Description of rea		5-extracted	collateral M is lifed as a	a lixture lilling
(if Debtor does not have a record interest):	Parcel ID:				
	Property Location: 13845 SEELEY AVE				
	1 1000119 20	oddion. Too i	0		
	Property Lo	cation: 1384	SEE	IEV AVE BILL	F
	Property Location: 13845 SEELEY AVE, BLUE				
	ISLAND, IL 60406; APN: 29-06-111-019-0000; Legal Land Description: LOT 4 IN ROBERT W. RUTHENBERG SUBDIVISION, BEING A			J, Legai	
	SUBDIVISION OF THE NORTH 234.0 FEET OF THE [See Exhibit for Real Estate]				
	_	i neai Estate j			
17. MISCELLANEOUS: 98487365-IL-31 55707 - EVERBRIGHT LOAN EVERBri	ight, LLC	File with: Cook, IL	f2230e27	f2230e27	

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Debtor: Johnson, Verdaline

Exhibit for Real Estate

16. Description of real estate: Continued

SOUTHEAST 1/4 OF LOT 33 IN PETER ENGLANDS SUBDIVISION OF THE NORTHWEST 1/4 OF SECTION