UNOFFICIAL COPY

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

Doc#, 2411514095 Fee: \$107.00
CEDRIC GILES
COOK COUNTY CLERK'S OFFICE
Date 4/24/2024 9:50 AM Pg: 1 of 3

	D.	ale 4/24/2024 9.50 AW Pg.	1013		
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)					
Lien Operations - (800) 786-7693					
B. E-MAIL CONTACT AT SUBMITTER (optional)					
lien@sunpower.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Sun Power Capital, LLC P.O. BOX 841246, Los Angeles, CA 90084-1246	\neg				
UCC Fixture: COOK, IL APN: 28-12-311-029-0000					
SEE BELOW FOR SECURED PARTY CONTACT INFORMAT	ION	THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	ONLY
1. DEBTOR'S NAME: Provide only not Coltron name (1a or 1b) (use exact, full nat fit in line 1b, leave all of item 1 blank, c'.kckb.re and provide to and provide to a ORGANIZATION'S NAME		or abbreviate any part of the D mation in item 10 of the Financin			Debtor's name will
OR			LIBBITIO	NAL NUMERO (NUTUAL (O)	lauceu.
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N.	AME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Mejia	Robert			t	
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
14924 Albany Avenue	Markham		IL	60428	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full no not fit in line 2b, leave all of item 2 blank, check here		or abbreviate any part of the Demation in item 10 of the Financin			Debtor's name will
2a. ORGANIZATION'S NAME					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PER JON AL N.	AME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	7%	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECUR	ED PARTY): Provide on	ily one Secure / Pa/'y name (3a	or 3b)		
3a. ORGANIZATION'S NAME	,		,		
JUNIPER I RESI SOLAR LLC					
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
		`4			
3c. MAILING ADDRESS	CITY		ुक्त <u>र</u> ह	POSTAL CODE	COUNTRY
PO Box 82387	Austin		ТХ	78708-2387	USA
COLLATERAL: This financing statement covers the following collateral:	1			The state of the s	
Residential Solar Photovoltaic Equipment which may conta	ain an integrated	hattery			
For questions or assistance concerning this filing, we urge			or the fa	astest response. To	submit your
request, select Submit Online under refinance or home sal					

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	er 🔲 Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
JUNIPER I RESI SOLAR LLC - B395 - 5306362	

UNOFFICIAL COPY

UCC FINANCING STATEMENT ADDENDUM

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing	3 Statement; if line 1b was left blank					
9a. ORGANIZATION'S NAME						
9b. INDIVIDUAL'S SURNAME						
Mejia						
FIRST PERSONAL NAME						
Robert ADDITIONAL NAME(S)/INIT'AL(S)	SUFF	-IX				
			THE ABOVE	SPACE IS FOR F	ILING OFFICE I	JSE ONLY
D. DEBTOR'S NAME: Provide (10a or 100' -11, one additional De	ebtor name or Debtor name that did n	ot fit in line 1b o	or 2b of the Financi	ng Statement (Form l	UCC1) (usc exact,	full name;
do not omit, modify, or abbreviate any part of the Dr. tron's name) an 10a, ORGANIZATION'S NAME	nd enter the mailing address in line 10d					
ISB. STOAMENTONS NAME						
10b. INDIVIDUAL'S SURNAME	X					
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUALS FIRST PERSONAL NAME	0					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	- 0 Z					SUFFIX
	τ_{\sim}					
ic. MAILING ADDRESS	CITY			STATE POSTAL	CODE	COUNTR
. ADDITIONAL SECURED PARTY'S NAME or	ASSIGNOR SECURE()	⊇∜DTV'© N	AME: Provide col	y one name (11 a as 1	16)	
11a. ORGANIZATION'S NAME	ASSIGNOR SECORE 7	AKI I S IV	AIVIE. PIOVIGE BIII	y <u>one</u> name (11a oi 11	TDJ	
R ALL INDIVIDUALIO OUDNAME		11/2				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME		ADDITIONAL NAME	(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY			STATE POSTAL	CODE	COUNTR
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				.0		
				0.		
				0,5	•.	
					0	
B. This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)	orded) in the 14. This FINANCIN	IG STATEMEN	T:			
	covers tim	ber to be cut	covers as-e	xtracted collateral	🗾 is filed as a l	ixture filing
 Name and address of a RECORD OWNER of real estate described in (If Debtor does not have a record interest): 	i '					
IEJIA ROBERT 4924 Albany Avenue	SEE EXHIE	31 A				
larkham, IL 60428						
larkham, IL 60428						
larkham, IL 60428						
larkham, IL 60428						
larkham, IL 60428						
larkham, IL 60428						

2411514095 Page: 3 of 3

UNOFFICIAL COPY EXHIBIT A

APN 28-12-311-029-0000 - Lots 31 and 32 and the East 10 feet of the vacated alley lying Easterly and adjoining said Lots in Block 3 in Croissant Park Markham Fourth Addition, a Subdivision of the Southwest 1/4 of the Southwest 1/4 of Section 12, Township 36 North, Range 13, lying North of the Indian Boundary Line, East of the Third Principal Meridian, in Cook County, Illinois.

14924 Albany Avenue Markham, IL 60428 COOK COOK COUNTY, ILLINOIS

Property of Cook County Clark's Office