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Doc#. 2412024437 Fee: \$107.00 CEDRIC GILES COOK COUNTY CLERK'S OFFICE

A. NAME 8 PHONE OF CONTACT AT FILER (optional) Central Bank Illinois 815-220-1788 B. E-MAIL CONTACT AT FILER (optional) becki.hawbaker@central-bank.com C. SEND ACKNOW/LEDGMENT TO: (Name and Address) Central Bank Illinois 1721 Midtown Rd Peru, IL 6135 1. DEBTOR'S NAME: Provide only gap Dentor 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 Information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1. DEBTOR'S NAME: Provide only gap Dentor 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 Information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1. DEBTOR'S NAME: Provide only gap Dentor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor name with not it inter 2b, leave all of item 2 state, check here and provide the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad) OR 2b. NOINDULAL'S SURNAME FRST PERSONAL NAME FRST PERSONAL NAME ADDITIONAL NAME(SyINITIAL(S) SUFFIX CITY STATE POSTAL CODE COUNTRY 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gap Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Central Bank Illinois OR 3b. NOINDUL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME J. DODITIONAL NAME(SYINITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY 3c. NOINDUL'S SURNAME FIRST PERSONAL NAME J. DODITIONAL NAME(SYINITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY 3c. NOINDUL'S SURNAME FIRST PERSONAL NAME J. DODITIONAL NAME(SYINITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY 3c. NOINDUL'S SURNAME FIRST PERSONAL NAME J. DODITIONAL NAME(SYINITIAL(S) SUFFIX STATE J. DODITIONAL NAME(SYINITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY 3c. NOINDUL'S SURNAME FIRST PERSONAL NAME J. DODITIONAL NAME(SYINITIAL(S) SUFFI	FOLLOW INSTRUCTIONS	Date 4/29/2024 1	:40 PM Pg: 1 of 2		
B. E-MAIL CONTACT AT FILER (optional) beeki. hawbaker@central-bank.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) Central Bank Illinois 1721 Midtown Rd Peru, IL 6135/ 1. DEBTOR'S NAME: Provide only non-bentor name (1s or '1b) (use exact, full name; do not onit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor name will not fit in time 1b, leave all of item (Nollin, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1s. ORGANIZATION'S NAME: It. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY Chicago CITY STATE POSTAL CODE COUNTRY Chicago CITY STATE POSTAL CODE COUNTRY Chicago COUNTRY STATE POSTAL CODE COUNTRY Chicago COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY CARGANIZATION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(Sylintital(S)) SUFFIX CORGANIZATION'S NAME FIRST PERSONAL NAME OR So. NOIN/DUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(Sylintital(S)) SUFFIX COUNTRY STATE POSTAL CODE COUNTRY					
Decki.hawbaker@central-bank.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) Central Bank Illinois 1721 Midtown Rd Peru, IL 61354 1. DEBTOR'S NAME: Provide only 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 information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1. DEBTOR'S NAME: Provide only 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 information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1. DEBTOR'S NAME: Provide only 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 name will not fit in line 2b, leave all of item 2 blank, check here and provide in Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2c. MAILING ADDRESS GITY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNT					
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	COLLATERAL: This financing statement covers the following collateral:		122	01.01	00/1

ALL FIXTURES NOW OWNED OR HEREAFTER AQUIRED LOCATED AT THE PROPERTIES DESCRIBED IN SECTION 16 DESCRIPTION OF REAL ESTATE.

5. Check only if applicable and check only one box: Collateral is held in a Tru	st (see UCC1Ad, Item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a. Check <u>only</u> if applicable and check <u>only</u> 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/Buy	rer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:		

UNOFFICIAL COPY

UCC FINANCING STATEMENT ADDENDUM

because Individual Debtor name did not fit, check here	Statement; if line 1b was left blank			
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