## NOFFICIAL COPY

## **UCC FINANCING STATEMENT**

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

**FOLLOW INSTRUCTIONS** 

Doc#. 2417724076 Fee: \$107.00 CEDRIC GILES COOK COUNTY CLERK'S OFFICE Date 6/25/2024 10:01 AM Pg: 1 of 2

not fit in line 1b, leave all of item 1 blank exick bits and provide the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  1a. ORGANIZATION'S NAME  TID. INDIVIDUAL'S SURNAME  TURNER  1c. MAILING ADDRESS 3264 W CARROLL AVE  CITY  CHICAGO  1d. G0624  COUNTRY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  CHICAGO  CHICAGO	CSC 1-800-858-5294				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  2861 56047 C.SC 801 Addial Stevenson Drive Springfield, It. 62703 Filled In: Illinois (Cook)  SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S NAME: Provide only as Subtor name (1s or 1b) (use exact, full name; do not only, modify, or abbreviate any part of the Debtor's name, if any part of the Individual Debtor's name with fill line is been all officen I blank, clic's bir.  1a. ORGANIZATION'S NAME TURNER  1b. INDIVIDUAL'S SURNAME TURNER  1c. MAILING ADDRESS 3264 W CARROLL AVE CITY CHICAGO CITY CHICAGO CITY CHICAGO CITY CHICAGO CITY CITY CITY CITY CITY CITY CITY CITY	, v ,				
2861 56047 CSC 801 Addial Stevenson Drive Springfield, IL 62703 Filed In: Illinois (Cook)  SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S NAME: Provide only see Section name (1 a 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's name who not fit in line 1b, leave all of item 1 blank chick by in.  1a. ORGANIZATION'S NAME  1a. INDIVIDUAL'S SURNAME TURNER  1c. MAILING ADDRESS 3264 W CARROLL AVE  1c. MAILING ADDRESS 3264	SPRFiling@cscglobal.com				
CSC 801 Addai Stevenson Drive Springfield, IL 62703  SEE BELOW FOR SCURED PARTY CONTACT INFORMATION  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S NAME: Provide only good both name (1 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's name work fit in line 1b, leave all of item 1 blank, click by an and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  Ta. ORGANIZATION'S NAME  TURNER  In MAILING ADDRESS 3264 W CARROLL AVE  CITY  CHICAGO  IL POSTAL CODE  COUNTRY  CHICAGO  TOTH  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE	C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Springfield, IL 62703  SEE BELOW FOR S-CURED PARTY CONTACT INFORMATION  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S NAME: Provide only		7			
SEE BELOW FOR SCURED PARTY CONTACT INFORMATION  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S NAME: Provide only and provide the individual Debtor information in item 10 of the Debtor's name; if any part of the Individual Debtor's name with not fifth line; b), leave all of item 1 bank, of lex b, b, or.    Ta. ORGANIZATION'S NAME   CAROLY N					
SEE BELOW FOR S-CURED PARTY CONTACT INFORMATION  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S NAME: Provide onlys 5-chor 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's name with filling 1b, leave all of item 1 blank cit. No. in	Springfield, IL 62703 File	- · · · · · · · · · · · · · · · · · · ·			
1. DEBTOR'S NAME: Provide onlyg = 0.01cm 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 Debtors name with not fit in line 1b, leave all of item 1 blank. e/ic.th.b.re		(Cook)			
not fit in line 1b, leave all of item 1 blank c/ick b dre and provide the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  1a. ORGANIZATION'S NAME  TID. INDIVIDUAL'S SURNAME  TURNER  TOTY  CHICAGO  1b. Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  STATE  POSTAL CODE  COUNTRY  CHICAGO  1c. MAILING ADDRESS 3264 W CARROLL AVE  CITY  CHICAGO  1d. G0624  USA  2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, 6 th reme), on not omit, modify, or abbreviate any part of the Debtor's name), if any part of the Individual Debtor's name with notifi in line 2b, leave all of item 2 blank, check here  and provide the translation in item 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  3c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  STATE  POSTAL CODE  COUNTRY  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  STATE  POSTAL CODE  COUNTRY  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SIGNIFICATION S NAME MICTOR  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  STATE  POSTAL CODE  COUNTRY  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUFFIX  SIGNIFIAL CODE  COUNTRY  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUF	SEE BELOW FOR SECURED PARTY CONTACT INFORMAT	THE	ABOVE SPACE IS FO	R FILING OFFICE USE	ONLY
1a. ORGANIZATION'S NAME  1b. INDIVIDUAL'S SURNAME  TURNER  1c. MAILING ADDRESS 3264 W CARROLL AVE  CHCAGO  CHICAGO  CHICAGO  CHICAGO  CHICAGO  IL  BOSTAL CODE  COUNTRY  CHICAGO  COUNTRY  CAROLTON  CHICAGO  COUNTRY  CAROLTON  CHICAGO  COUNTRY  CHICAGO  COUNTRY  CAROLTON  CHICAGO  COUNTRY  CH	1. DEBTOR'S NAME: Provide only Cottor name (1a or 1b) (use exact, full na	me; do not omit, modify, or abbreviate	any part of the Debtor's na	me); if any part of the Individu	al Debtor's name w
TURNER  TOURNER  TOUR	not fit in line 1b, leave all of item 1 blank, c', e ck b _re and provide t	the Individual Debtor information in item	10 of the Financing Statemen	nt Addendum (Form UCC1Ad)	
TURNER  CAROLYN  TORNES  1c. MAILING ADDRESS 3264 W CARROLL AVE  CITY  CHICAGO  COUNTRY  CHICAGO  CITY  CHICAGO  COUNTRY  CHICAGO  CITY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  CHICAGO  CITY  CHICAGO  COUNTRY  CHICAGO  CITY  CHICAGO  COUNTRY  CHICAGO  CHICAGO	1a. ORGANIZATION'S NAME				
TURNER  CAROLYN  TORNES  1c. MAILING ADDRESS 3264 W CARROLL AVE  CITY CHICAGO  CITY CHICAGO  CITY CHICAGO  COUNTRY USA  2. DEBTOR'S NAME: Provide only gne Debtor name (2a or 2b) (use exact, fill firmer); do not omit, modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor's name with not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  COUNTRY  STATE POSTAL CODE COUNTRY  STATE POSTAL CODE COUNTRY  3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gne Secure a Pair y name (3a or 3b)  3a. ORGANIZATION'S NAME MICROF  3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX  COUNTRY  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX  CITY  STATE POSTAL CODE COUNTRY  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX  CITY ADDITIONAL NAME(S)/INITIAL(S) SUFFIX  COUNTRY USA	OP				
COUNTRY CHICAGO IL POSTAL CODE 60624  COUNTRY USA  2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, 5th name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name with not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  OR 2b. INDIVIDUAL'S SURNAME  FIRST PER JON NL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secure Party name (3a or 3b)  3a. ORGANIZATION'S NAME Microf  OR 3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  STATE POSTAL CODE COUNTRY  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  OR 3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  OR 3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  USA	16. INDIVIDUAL'S SURNAME		ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)	
CHICAGO  IL 60624  USA  2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, filt name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name with not fit in line 2b, leave all of item 2 blank, check here and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  FIRST PER JON AL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secure Party name (3a or 3b)  3a. ORGANIZATION'S NAME Microf  OR  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  CITY  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  CITY  Albany  OR  OR  3c. MAILING ADDRESS P.O. Box 70085		CAROLYN			
not fit in line 2b, leave all of item 2 blank, check here and provice the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  2c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secure Party name (3a or 3b)  3a. ORGANIZATION'S NAME MICROF  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  CITY  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  CITY  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  CITY  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  USA	1c. MAILING ADDRESS 3264 W CARROLL AVE				<b>I</b>
not fit in line 2b, leave all of item 2 blank, check here and provice thy lock/vidual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  2c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secure Party name (3a or 3b)  3a. ORGANIZATION'S NAME MICTOF  OR  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUFFIX  CITY  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  USA	2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact full use	me: do not omit, modify, or abbreviate	any part of the Debtor's nar	πe): if any part of the Individua	al Debtor's name wi
26. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secure Party name (3a or 3b)  3a. ORGANIZATION'S NAME Microf  OR  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  CITY  Albany  CITY  Albany  ADDITIONAL NAME(S)/INITIAL(S)  COUNTRY  COUNTRY  USA					
26. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secure a Pai y name (3a or 3b)  3a. ORGANIZATION'S NAME Microf  OR  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  STATE POSTAL CODE  COUNTRY  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  CITY  Albany  CITY  Albany  DITE  POSTAL CODE  COUNTRY  USA	2a. ORGANIZATION'S NAME	T			
26. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secure a Pai y name (3a or 3b)  3a. ORGANIZATION'S NAME Microf  OR  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  STATE POSTAL CODE  COUNTRY  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  CITY  Albany  CITY  Albany  DITE  POSTAL CODE  COUNTRY  USA					
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secure a Party name (3a or 3b)  3a. ORGANIZATION'S NAME Microf  OR  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  3c. MAILING ADDRESS P.O. Box 70085  CITY  Albany  GA  31707  COUNTRY  USA	OR 2b. INDIVIDUAL'S SURNAME	FIRST PER JON AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secure a Party name (3a or 3b)  3a. ORGANIZATION'S NAME Microf  3b. INDIVIDUAL'S SURNAME  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  CITY  Albany  GA  31707  COUNTRY  USA		9/,			
3a. ORGANIZATION'S NAME Microf  OR 3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  3c. MAILING ADDRESS P.O. Box 70085  CITY  Albany  GA  31707  USA	2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3a. ORGANIZATION'S NAME Microf  OR 3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  Sc. MAILING ADDRESS P.O. Box 70085  CITY  Albany  GA  31707  COUNTRY  USA					
3a. ORGANIZATION'S NAME Microf  OR 3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  3c. MAILING ADDRESS P.O. Box 70085  CITY  Albany  GA  31707  USA	3 SECURED PARTY'S NAME (OF NAME OF ASSIGNEE OF ASSIGNOR SECUR	ED PARTY): Provide only one Secure	Pa ty name (3a or 3h)		
35. INDIVIDUAL'S SURNAME    SILVED   SUFFIX		LED FAIRTY). Thorne only <u>one</u> decur-	Trail (name (sa or sb)		
36. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUFFIX  SUFFIX  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUFFIX  SUFFIX  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX					
Albany GA 31707 USA	OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Albany GA 31707 USA			一十/		
Albany GA 31707 USA	3c. MAILING ADDRESS P.O. Box 70085	CITY	อนิโร	POSTAL CODE	COUNTRY
	1.0.000.000	Albany	GA		USA
All of the Debtor's right, title and interest, now existing and hereafter arising, in and to all of the Equipment subject to that	A COLLATERAL: This financing statement covers the following collected:	•		<del></del>	
• • • • • • • • • • • • • • • • • • •	All of the Debtor's right, title and interest, now existing	g and hereafter arising,	in and to all of the	ne Equipment sub	oject to that

certain Lease No. RTO-000187386 between Debtor as Lessee and Microf, LLC as Lessor, (ii) all insurance, warranty. rental and other claims and rights to payment and chattel paper arising out of such Equipment,(iii) air books, records and proceeds relating to the foregoing, and (iv) any other property or rights to which the Lessee may be or become entitled by reason of Lessee's interest in the Equipment. For the purposes of this financing statement, "Equipment" shall be further described in item 12 of the UCC1Ad attached hereto, and includes all substitutions, replacements, upgrades, repairs, parts and attachments, improvements and accessions thereto. THIS FILING IS FOR PRECAUTIONARY AND INFORMATIONAL PURPOSES ONLY. THE PARTIES CONSIDER THIS TRANSACTION TO BE A TRUE LEASE. LESSEE HAS NO RIGHT TO SELL OR PLEDGE THE EQUIPMENT, IT IS OWNED BY LESSOR AND LEASED TO LESSEE.

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/Br	uyer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	2064 5604

2861 56047

## **UNOFFICIAL COPY**

## **UCC FINANCING STATEMENT ADDENDUM**

e Individual Debtor name did not fit, check here						
D. INDIVIDUAL'S SURNAME						
TURNER FIRST PERSONAL NAME						
CAROLYN  ADDITIONAL NAME(S)(INIT'AL(S)		SUFFIX				
EBTOR'S NAME: Provide (10a or 1 up) and one additional Debtor name or D	Debtor name tha	t did not fit in line 1				
Db. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
0,	<del>)</del>					SUFFIX
	Torry C			Tetate	IDOSTAL CODE	COUNTRY
ALINO ADDILEC	UII (	),		OINIL	TOOTAL CODE	COOMIT
ADDITIONAL SECURED PARTY'S NAME or ASSIGN  a. ORGANIZATION'S NAME	IOR SECUR	REO PARTY'S	NAME: Provide on	ly <u>one</u> nan	ne (11a or 11b)	
b. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME	C/	ADDITIO	NAL NAME(S)INITIAL(S)	SUFFIX
AILING ADDRESS	CITY		0	STATE	POSTAL CODE	COUNTRY
DITIONAL SPACE FOR ITEM 4 (Collateral): 2 CROWN BSI172ENP 172,000 BTUS B000720551			·1	S		
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	_		_	extracted o	ollateral 🔽 is filed as a	fixture filing
me and address of a RECORD OWNER of real estate described in item 16 Debtor does not have a record interest): 4 W CARROLL AVE ICAGO, IL 60624	16. Description of real estate:  LOT NUMBER: 11; SUBDIVISION: TYRELL BARRETT &  KERFOOTS; BLOCK: 2; CITY/MUNI/TWNSP: WEST CHICAGO;  SEC/TWN/RNG/MER: SEC 11 TWN 39N RNG 13E; TRACT:  8368002001					
	APN:16	-11- <del>4</del> 02-024	4-0000			
	FIRST PERSONAL NAME CAROLYN  ADDITIONAL NAME(S)INIT'-AL(S)  EBTOR'S NAME: Provide (10a or 10b) Init one additional Debtor name or contornit, modify, or abbreviate any part of the Destroy's name) and enter the mail a. ORGANIZATION'S NAME  INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)  AILLING ADDRESS  ADDITIONAL SECURED PARTY'S NAME or ASSIGN a. ORGANIZATION'S NAME  INDIVIDUAL'S SURNAME  AILING ADDRESS  DITIONAL SPACE FOR ITEM 4 (Collateral): 2 CROWN BSI172ENP 172,000 BTUS  BO00720551  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  The and address of a RECORD OWNER of real estate described in item 16 bebtor does not have a record interest): 4 W CARROLL AVE	FIRST PERSONAL NAME CAROLYN  ADDITIONAL NAME(S)INITIAL(S)  EBTOR'S NAME: Provide (10s or 10e or 10 or	FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  SUF	FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  THE ABOVE  EBTOR'S NAME: Provide (10a or 100 on), one additional Debtor name or Debtor name that did not fit in line 1 to or 2b of the Finance not onit, modify, or abbreviate any part of the Outloy's name) and enter the mailing address in line 10c.  In NOIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S SURNAME  I	FIRST PERSONAL NAME  AROLLYN  ADDITIONAL NAME(SYINITELES)  THE ABOVE SPACE  BTOR'S NAME: Provide (10a' or 10a'	FIRST PERSONAL NAME. AROCLYN  ADDITIONAL NAME(SYNITPLIS)  THE ABOVE SPACE IS FOR FILING OFFICE  BTOR'S NAME. Provide (10 or 10.5) (in) goe additional Debtor name of Debtor name that do not fit in line to or 2b of the Financing Statement (Form UCC1) (use exact norm), and center the mailing address in line 10 or 2b of the Financing Statement (Form UCC1) (use exact norm), and center the mailing address in line 10 or 2b of the Financing Statement (Form UCC1) (use exact norm), and center the mailing address in line 10 or 2b of the Financing Statement (Form UCC1) (use exact norm), and center the mailing address in line 10 or 2b of the Financing Statement (Form UCC1) (use exact norm), and center the mailing address in line 10 or 2b of the Financing Statement (Form UCC1) (use exact norm), and center the mailing address in line 10 or 2b of the Financing Statement (Form UCC1) (use exact norm), and center the mailing address in line 10 or 2b of the Financing Statement (Form UCC1) (use exact norm), and center the mailing address in line 10 or 2b of the Financing Statement (Form UCC1) (use exact norm), and center the mailing address in line 10 or 2b of the Financing Statement (Form UCC1) (use exact norm), and center the mailing address in line 10 or 2b of the Financing Statement (Form UCC1) (use exact norm), and center the mailing address in line 10 or 2b or 3b or