	CC FINANCING STATEMEN	1220-21-710-17:	3		Pgs=2 ON SERV	05/10/2021 ICE COMPANY (UC	
Α.	NAME & PHONE OF CONTACT AT FILER CSC 1-800-858-5294 E-MAIL CONTACT AT FILER (optional)	R (optional)					
υ.	SPRFiling@cscglobal.com					\ \	
C.	SEND ACKNOWLEDGMENT TO: (Name	and Address)				\ \	
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	CSC				Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, which i	\ \	
	801 Adlai Stevenson Drive Springfield, IL 62703	Filer	In: Nevada				
١		1 1100	(Douglas)		No. of Concession, Name of Street, or other Desires.	_ \	
L			_	THE ABOVE SPA	CE IS FOR	R FILING OFFICE USE	ONLY
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	1a. ORGANIZATION'S NAME				\	,	
OR	1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
	Vargas		Jessica	1			
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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:

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/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA: JB-894338-00 - 23184179

2092 77711

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 9b. INDIVIDUAL'S SURNAME Vargas FIRST PERSONAL NAME Jessica ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) 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 Debtor'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 STATE POSTAL CODE CITY ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 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): 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 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): Jessica Vargas 1320 Patricia Way, Gardnerville, A PARCEL OF LAND LOCATED IN THE STATE OF NV, COUNTY OF DOUGLAS, WITH A SITUS ADDRESS OF 1320 PATRICIA DR, NV 89460 GARDNERVILLE NV 89460-8459 H011 CURRENTLY OWNED BY VARGAS DAVID and VARGAS JESSICA HAVING A TAX ASSESSOR NUMBER OF 1220-21-710-173 AND DESCRIBED IN DOCUMENT NUMBER 859338 DATED 02/19/2015 AND RECORDED 03/27/2015.

17. MISCELLANEOUS: 1220-21-710-173