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Cook County Recorder

23.00

UCC F	FINANCING	<b>STATEMENT</b>	<b>AMENDMENT</b>
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FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address) ALINA M. EVANGELOU, ESQ. VEDDER PRICE KAUFMAN & KAMMHOLZ

222 N. LASALLE STREET, SUITE 230 CHICAGO, IL 60601	0		
	THE ABOVE SPA	ACE IS FOR FILING OFFICE U	SE ONLY
a. INITIAL FINANCING STATEMENT (1)2 # 02/02/20		1b. This FINANCING STATEMENT to be filed [for record] (or record) REAL ESTATE RECORDS.	T AMENDMENT IS
TERMINATION: effectiveness of the Financing Statement identified above is			
CONTINUATION: effectiveness of the Fin noting Statement identified about the continued for the additional period provided by an included law.	ove with respect to security interest(s) of the Secure	ed Party authorizing this Continuation	Statement is
X ASSIGNMENT (full or partial): Give name of assigned in item 7a or 7b ar	nd address of assignee in item 7c; and also give na	me of assignor in item 9.	
Y VINCIADIAICIA (L. VIII. L. VIII. C. VIII. V. VIII. VIII. V. VIII. VIII. V. VIII. VIII. V. VIII. VIII	ebtor or Secured Party of record. Check only one	of these two boxes.	
Also check one of the following boxes and provide appropriate information in tems	6 and/or 7.  so give new DELETE name: Give record name) in item 6c or 6b.	a ADD name: Complete item 7 item 7c; also complete items	a or 7b, and also
CHANGE name and/or address. Give current record name in item but of but name (if name change) in item 7a or 7b and/or new address (if address han e	in item 7c. to be deleted in item 6a or 6b.	L_J item 7c; also complete items	7d-7g (if applicable).
62. CURRENT RECORD INFORMATION:  62. ORGANIZATION'S NAME	<del>/</del>		
_			
Bb. INDIVIDUAL'S LAST NAME	FIRS NAME	MIDDLE NAME	SUFFIX
			<del></del>
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	<b>9</b> /2-		<del></del>
NW FUNDING L.L.C.			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
c. WAILING ADDRESS	CITY	STATE POSTAL CODE WA 98464	COUNTRY
P. O. BOX 64176	UNIVERSITY PLACE	ORGANIZATIONAL ID#, if a	
d. TAX ID # SSN OR EIN   ADD NL INFO RE 7e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR	7f. JURISDICTION OF ORGANIZATION	1 6 O COARREST TOTAL TO IT, II G	NONE
B. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collater	eral description, or describe collateral assigne		
THIS IS NOT AN AMENDMENT. IT IS A FU	ULL AND COMPLETE ASSIGN	MENT OF THE COLL	ATERAL ON
THE FIXTURE FILING REFERENCED ABOVE.	A LEGAL DESCRIPTION I	S ATTACHED PERET	O AS
EARIBII A.		C	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS	AMENDMENT (name of assignor, if this is an Assig	gnment). If this is an Amendment authors	orized by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	by a Debtor, check here and enter name of DE	BTOR authorizing this Amendment.	
O- ODCANIZATIONIS NAME			

9.	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by	MENDMENT (name of assi a Debtor, check here	ignor, if this is an Assignment). If this is an Amendment author and enter name of DEBTOR authorizing this Amendment.	rized by a Debtor wh
OR	9a ORGANIZATION'S NAME  THE CHASE MANHATTAN BANK, INDENTURE 9b INDIVIDUAL'S LAST NAME	TRUSTEE FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA

## **UNOFFICIAL COPY**

00084399	#(same as Item 1a on Amen 02/02/2000	ament form)		
2. NAME of PARTY AUTHORIZING THIS 12a. ORGANIZATION'S NAME				
THE CHASE MANHATTA	N BANK, INDENTU	RE TRUSTEE  MIDDLE NAME, SUFFIX		
. Use this space for addirio, বা Informat	ion:			
ERTOR NAME				
ELSYE WALLACE 855 N. SHERIDAN KCAL HICAGO, IL 60660	2/2/	L	THE ABOVE SPACE IS FO	R FILING OFFICE USE OF
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