## UNOFFICIAL CO



Eugene "Gene" Moore Fee: \$28.50 Cook County Recorder of Deeds Date: 05/23/2003 03:29 PM Pg: 1 of 3

| LICC FINANCING | STATEMENT | AMENDMENT         |
|----------------|-----------|-------------------|
| HCC FINANCING  | SIATEMENT | WINE IA DIM FIA I |

| A. NAME & PHONE OF CONTACT AT FILER [optional]                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
|                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| LexisNexis Document Solutions                                                                                                                                                                                                                                                                                                                | s                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| —                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| 135 South LaSalle Street                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| Suite 2260                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| Chicago, Il 60603                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|                                                                                                                                                                                                                                                                                                                                              | THE ABOVE SP                                                                                                                                                                               | ACE IS FOR FILING OFFICE USE ON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| INITIAL FINANCING STATEMENT HE #                                                                                                                                                                                                                                                                                                             | 0                                                                                                                                                                                          | 1b. This FINANCING STATEMENT AM to be filed [for record] (or recorded                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ) in th <del>e</del> |
| 0020060254 01/15/2002 12:00:0                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                            | REAL ESTATE RECORDS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Statement            |
| TERMINATION: Effectiveness of 'in Fi rancing Statement identified above CONTINUATION: Effectiveness of the Fine sing Statement identified above                                                                                                                                                                                              |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| . CONTINUATION: Effectiveness of the Finz sing Statement identified ab continued for the additional period provided by a plicable law.                                                                                                                                                                                                       | ove with respect to security interest(s) or the Secure                                                                                                                                     | Therry addressing this continuence con-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ion io               |
| I. ASSIGNMENT (full or partial): Give name of assigned in item 7a or 7b and                                                                                                                                                                                                                                                                  | address of assignee in item 7c; and also give name o                                                                                                                                       | f assignor in item 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u> </u>             |
| AMENDMENT (PARTY INFORMATION): This Amening in affects D                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1 1 1 1 1 1 1 1 1    |
| Also shock one of the following three hoves and provide appropriate in uso, tion in                                                                                                                                                                                                                                                          |                                                                                                                                                                                            | and the second of the second o |                      |
| CHANGE name and/oraddress. Please refer to the detailed instructions in regards to changing the name/address of a party.                                                                                                                                                                                                                     | DELETE name: Give record name to be deteted in item 6a or 6b.                                                                                                                              | ADD name: Complete item 7a or 7b, and also complete items 7e-7g (if applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | dalsoitem 7c;<br>)   |
| CURRENT RECORD INFORMATION:                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                            | Numa (1841)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |
| 6a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                      | )/                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| DIAGNOSTIC IMAGING SERVICES, I                                                                                                                                                                                                                                                                                                               | INC., S.C.                                                                                                                                                                                 | Lauren e Manie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LOUDER               |
| DR 66 INDIVIDUAL'S LAST NAME                                                                                                                                                                                                                                                                                                                 | FIRST, NAN'E                                                                                                                                                                               | MIDDLE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SUFFIX               |
|                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| 7. CHANGED (NEW) OR ADDED INFORMATION:                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                            | a (\$100 Tube)<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |
| 7a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                      | T THE THIRD PARTITION OF THE                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | egy years            |
| DR GOLF DIAGNOSTIC IMAGING CENTER TO INDIVIDUAL'S LAST NAME                                                                                                                                                                                                                                                                                  | R LIMITED PARTNERSHIP FIRST NAME                                                                                                                                                           | MIDDLE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SUFFIX               |
|                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| c. MAILING ADDRESS                                                                                                                                                                                                                                                                                                                           | CITY                                                                                                                                                                                       | STATE POSTAL CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | COUNTRY              |
|                                                                                                                                                                                                                                                                                                                                              | DES PLAINES                                                                                                                                                                                | STATE POSTAL CODE IL 60016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | COUNTRY              |
| 9680 GOLF ROAD  d SEINSTRUCTIONS ADD'L INFO RE 76. TYPE OF ORGANIZATION                                                                                                                                                                                                                                                                      |                                                                                                                                                                                            | - · · · · -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |
| 7c. MAILING ADDRESS  9680 GOLF ROAD 7d. SEEINSTRUCTIONS ORGANIZATION ORGANIZATION DEBTOR LLC                                                                                                                                                                                                                                                 | DES PLAINES                                                                                                                                                                                | IT 60016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |
| 9680 GOLF ROAD  7d SEEINSTRUCTIONS ORGANIZATION DEBTOR 1 LLC  3. AMENDMENT (COLLATERAL CHANGE): check only one box.                                                                                                                                                                                                                          | DES PLAINES 7f. JURISDICTION OF ORGANIZATION IL                                                                                                                                            | IL 60016 //g. ORGANIZATIONAL ID#, if any IL-S000857                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | USA                  |
| 9680 GOLF ROAD  'd SEEINSTRUCTIONS   ADD'L INFO RE   7e TYPE OF ORGANIZATION ORGANIZATION DEBTOR   LLC                                                                                                                                                                                                                                       | DES PLAINES 7f. JURISDICTION OF ORGANIZATION IL                                                                                                                                            | IL 60016 79. ORGANIZATIONAL ID #, if any ILI-S000857                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | USA                  |
| 9680 GOLF ROAD  7d SEEINSTRUCTIONS ORGANIZATION DEBTOR 1 LLC  3. AMENDMENT (COLLATERAL CHANGE): check only one box.                                                                                                                                                                                                                          | DES PLAINES 7f. JURISDICTION OF ORGANIZATION IL                                                                                                                                            | IL 60016 79. ORGANIZATIONAL ID #, if any ILI-S000857                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | USA                  |
| 9680 GOLF ROAD  d. SEEINSTRUCTIONS ORGANIZATION DEBTOR   LLC  AMENDMENT (COLLATERAL CHANGE): check only one box.                                                                                                                                                                                                                             | DES PLAINES 7f. JURISDICTION OF ORGANIZATION IL                                                                                                                                            | IL 60016 79. ORGANIZATIONAL ID #, if any ILI-S000857                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | USA                  |
| D680 GOLF ROAD  a SEEINSTRUCTIONS  ORGANIZATION DEBTOR   Te. TYPE OF ORGANIZATION DEBTOR   LLC  AMENDMENT (COLLATERAL CHANGE): check only one box.                                                                                                                                                                                           | DES PLAINES 7f. JURISDICTION OF ORGANIZATION IL                                                                                                                                            | IL 60016 79. ORGANIZATIONAL ID #, if any ILI-S000857                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | USA                  |
| ADD'LINFO RE TO THE ORGANIZATION ORGANIZATION DEBTOR LLC  AMENDMENT (COLLATERAL CHANGE): check only one box.                                                                                                                                                                                                                                 | DES PLAINES 7f. JURISDICTION OF ORGANIZATION IL                                                                                                                                            | IL 60016 //g. ORGANIZATIONAL ID#, if any IL-S000857                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | USA                  |
| ADD'LINFO RE TO THE ORGANIZATION ORGANIZATION DEBTOR LLC  AMENDMENT (COLLATERAL CHANGE): check only one box.                                                                                                                                                                                                                                 | DES PLAINES 7f. JURISDICTION OF ORGANIZATION IL                                                                                                                                            | IL 60016 79. ORGANIZATIONAL ID #, if any ILI-S000857                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | USA                  |
| 9680 GOLF ROAD  a SEE INSTRUCTIONS  CORGANIZATION  DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.                                                                                                                                                                                                                                | DES PLAINES 7f. JURISDICTION OF ORGANIZATION IL                                                                                                                                            | IL 60016 79. ORGANIZATIONAL ID #, if any ILI-S000857                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | USA                  |
| 9680 GOLF ROAD  d. SEEINSTRUCTIONS ORGANIZATION DEBTOR   LLC  AMENDMENT (COLLATERAL CHANGE): check only one box.                                                                                                                                                                                                                             | DES PLAINES 7f. JURISDICTION OF ORGANIZATION IL                                                                                                                                            | IL 60016 79. ORGANIZATIONAL ID #, if any ILI-S000857                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | USA                  |
| 9680 GOLF ROAD  d SEEINSTRUCTIONS  ORGANIZATION DEBTOR LLC  AMENDMENT (COLLATERAL CHANGE): check only one box.                                                                                                                                                                                                                               | DES PLAINES 7f. JURISDICTION OF ORGANIZATION IL                                                                                                                                            | IL 60016 79. ORGANIZATIONAL ID #, if any ILI-S000857                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | USA                  |
| 9680 GOLF ROAD  a SEE INSTRUCTIONS  CORGANIZATION  DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.                                                                                                                                                                                                                                | DES PLAINES 7f. JURISDICTION OF ORGANIZATION IL                                                                                                                                            | IL 60016 79. ORGANIZATIONAL ID #, if any ILI-S000857                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | USA                  |
| ADD'LINFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR   LLC  AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collateral                                                                                                                                              | Tr. JURISDICTION OF ORGANIZATION  IL  eral description, or describe collateral assigned                                                                                                    | IL 60016 79. ORGANIZATIONAL ID #, if any ILI-S000857                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | USA NON              |
| 9680 GOLF ROAD  d. SEEINSTRUCTIONS  ADD'LINFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION   DEBTOR   LLC  3. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collateral.                                                                                                    | Tr. JURISDICTION OF ORGANIZATION  IL  eral description, or describe collateral assigned  MENDMENT (name of assignor, if this is an Assignment)                                             | IL 60016 79. ORGANIZATIONAL ID #, if any ILI-S000857                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | USA NON              |
| Describe collateral deleted or added, or give entire restated collateral adds collateral or adds the authorizing Debtor, or if this is a Termination authorize 9a. ORGANIZATION DESCRIBED PARTY OF RECORD AUTHORIZING THIS All adds collateral or adds the authorizing Debtor, or if this is a Termination authorize 9a. ORGANIZATION'S NAME | Tr. JURISDICTION OF ORGANIZATION  IL  eral description, or describe collateral assigned  MENDMENT (name of assignor, if this is an Assignment by a Debtor, check here and enter name of DE | IL 60016 79. ORGANIZATIONAL ID #, if any IL - S000857  Tenth of this is an Amendment authorized by BTOR authorizing this Amendment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | USA NON              |
| ADD'LINFO RE TO THE ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR LIC  B. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collateral added.                                                                                                                   | Tr. JURISDICTION OF ORGANIZATION  IL  eral description, or describe collateral assigned  MENDMENT (name of assignor, if this is an Assignment by a Debtor, check here and enter name of DE | IL 60016 79. ORGANIZATIONAL ID #, if any IL - S000857  Tenth of this is an Amendment authorized by BTOR authorizing this Amendment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | USA NON              |

10. OPTIONAL FILER REFERENCE DATA 3857-006 (2241-006) FXT DM

IL-Cook County

(LESSOR 30)

0314318151 Page: 2 of 3

## **UNOFFICIAL COPY**

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1s on Amendment form) 01/15/2002 12:00:00 0020060254 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) 12a. ORGANIZATION'S NAME U.S. BANK, N.A. AS CUSTODIAN OR TRUSTEE OR 12b. INDIVIDUAL'S LAST NAME

13. Use this space for additional information

DEBTOR NAME GOLF DIAGNOSFIC IMAGING CENTER LIMITED PARTNERSHIP

9680 GOLF ROAD

NAME OF AUTHORIZING PARTY U.S. BANK, N.A. AS CUSTODIAN OR TRUSTEE SUCCESSOR IN Coot Colling Clart's Office

180 E. FIFTH STREET

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

IL-Cook County

0314318151 Page: 3 of 3

## **UNOFFICIAL COPY**

20060254

## LEGAL DESCRIPTION

THAT PART OF THE N.W. FRACTIONAL 1/4 OF SECTION 7, TOWNSHIP 41 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS: BEGINNING AT THE INTERSECTION OF THE NORTH LINE OF SAID N.W. FRACTIONAL 1/4 WITH A LINE 50 FEET EAST OF AND PARALLEL WITH AND MEASURED AT RIGHT ANGLES TO THE WEST LINE OF SAID N.W. FRACTONAL 1/4, THENCE SOUTH ALONG SAID PARALLEL LINE 105.30 FEET TO THE NORTHERLY LINE OF THE RIGHT-OF-WAY OF STATE ROUTE NO. 72, AS NOW DEDICATED; THENCE SOUTHEASTERLY ALONG SAID RIGHT-OF-WAY LINE 277.67 FEET TO A POINT OF TANGENCY IN SAID RIGHT-OF-WAY LINE; CONTINUING THENCE SOUTHEASTERLY ALONG SAID RIGHT-OF-WAY LIEN, HAVING A CURVE TO THE LEFT WITH A RIDIUS OF 9728.18 FEET A DISTANCE OF 47.55 FEET TO A POINT; THENCE PORTH PARALLEL WITH THE WEST LINE OF SAID N.W. FRACTIONAL 1/4, 326.95 FEET TO THE NROTH LINE OF SAID N.W. FRACTIONAL 1/4; THENCE WEST ALONG THE NORTH LINE OF SAID N.W. FRACTIONAL 1/4, 256.08 FEET TO THE POINT OF BEGINNING, IN COOK COUNTY, ILLINOIS.

ATIGGA
COUNTY CIENTS
OFFICE 2500 M. HIGGINS, HOFFMAN ESTATES, ILLINOIS 60195 PROPERTY ADDRESS:

PIN: 07-07-100-015 07-07-100-016