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Eugene "Gene" Moore Fee: \$26.00 Cook County Recorder of Deeds

UCC FINANCING STATEMENT AMENDMENT

Date: 08/26/2003 12:28 PM Pg: 1 of 2 FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) LexisNexis Document Solutions 801 Adlai Stevenson Drive Springfield, IL 62703 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INITIAL FINANCING STATEME IT F LE # 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. 08084955 Date: 12/02/1998 01:50:19 2. K TERMINATION: Effectiveness of the a Fir ancing Statement identified above is terminated with respect to securify interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the "inar ing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by an alicable law 4. ASSIGNMENT (full or partial): Give name of assigner in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Decord Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Please refer to the detailed instructic is in regards to changing the name/address of a party. DELETE name: Give record name to be deleted in item 6a or 6b. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable). 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME OR 66. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX FIRST NAME 7. CHANGED (NEW) OR ADDED INFORMATION 7a ORGANIZATION'S NAME **OR** MIDDLE NAME SUFFIX 7b. INDIVIDUAL'S LAST NAME FIRST NAME 7c. MAILING ADDRESS STATE POSTAL CODE COUNTRY g. ORGANIZATIONAL ID #, if any ADD'L INFO RE 7e. TYPE OF ORGANIZATION 71. JURISDICTION OF ORGANIZATION 7d. SEE INSTRUCTIONS ORGANIZATION NONE DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

9. N	AME OF S	ECURED P.	ARTY OF R	ECORD	AUTHORIZING THIS	AMEN	IDMENT (name of as	signor, if this is an Assignr	nent). If	this is an Amendment au	thorized	by a Debtor wh	iich
[a. ORGAN	IZATION'S NAI	ME	<u></u>								т ¢	
OR	U.S. BE INDIVID	BANK, DUAL'S LAST N	N.A.	AS_	COSTODIAN	OR	FIRST NAME	SUCCESSOR	MIC	DOLE NAME	10	SUFFIX	
10.0PTIONAL FILER REFERENCE DATA 1966-003										ACONTICO DO 10			

IL-Cook County Debtor: MIDWEST OPEN MRI OF ILLINOIS LTD.

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Exhibit A

DODO CONTRACTOR

Midwest Open MRI At Illinois (1966-003)

7049 Cermak Rd Cermak Plaza Berwyn, IL 60402 PIN# 16-30-100-012

> Record Owner: Cermak Plaza Assoc.

