## UNOFFICIAL COPY

		0406-112076	
UCC FINANCING STATEMENT AMEND FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]	MENT	Doc#: 0406912076  Eugene "Gene" Moore Fee: \$26.5  Cook County Recorder of Deeds	50 of 2
UCC Filing Desk - (651) 227-7575 (REF# B. SEND ACKNOWLEDGMENT TO: (Name and Address)		Cook County Recorder of Bosses Date: 03/09/2004 12:09 PM Pg: 1	012
PO Box 65607 St. Paul, MN 55165	, v		
St. Paul, MN 55165		THE ABOVE SPACE IS FOR FILING OFFICE	USE ONLY
1a, INITIAL FINANCING STATEMEN I FILE T	07/07/94	to be filed for record) (or REAL ESTATE RECORD	recorded) in the
94589921  2. TERMINATION: Effectiveness of the Francing Statement identity			
2. CONTINUATION: Effectiveness of the linar cinc Statement id continued for the additional period provided by applicable law.  4. ASSIGNMENT (full or partial): Give name of assignee 1 * on 7:  5. AMENDMENT (PARTY INFORMATION): This Amenument at Also check one of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information of the following three boxes a	a or 7b and address of assignee in item 7	c; and also give name of assignor in item 9.  of record. Check only one of these two boxes.	
6a. ORGANIZATION'S NAME	$\tau_{\circ}$		
OR 6b. INDIVIDUAL'S LAST NAME	FIF ST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME	7	×,	
OR 75. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME  STATE POSTAL CODE	SUFFIX
7c. MAILING ADDRESS		(0),	if any
7d. TAX ID #: SSN OR EIN ADD'L INFO RE   7e. TYPE OF ORGAN ORGANIZATION   DEBTOR		RGANIZATION 79 ORGANIZATIONAL ID #	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box  Describe collateral deleted or added, or give entire res	k. stated collateral description, or describe	collaterai assigned.	)
9. NAME OF SECURED PARTY OF RECORD AUTHORIZIN	NG THIS AMENDMENT (name of assi	ignor, if this is an Assignment). If this is an Amendment au	thorized by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Terminal	tion authorized by a Debtor, check here	and enter name of DEBTOR authorizing this Amenda	ienz.
U.S. BANK NATIONAL ASSOCIA	TION FIRST NAME	MIDDLE NAME	SUFFIX
10.0PTIONAL FILER REFERENCE DATA 25-1735024971-18 DAVID I NOVICK		<sup>2</sup> lao	

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UCC FINANCING STATI		NT ADDENDUM
FOLLOW INSTRUCTIONS (front and	back) CAREFULLY	
11. INITIAL FINANCING STATEMEN	T FILE # (same as item 1a on Amen	dment form)
94589921		
12. NAME OF PARTY AUTHORIZIN 12a. ORGANIZATION'S NAME U.S. BANK NATIONA		
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
42 Use this enece for additional info	rmation	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

DAVID I. NOVICK, 810 N. NODLE, CHICAGO, IL 60622. LOT 8 IN BLOCK 2 IN PAGE BROTHERS SUBDIVISION OF BLOCK 15 AND THE NORTHWEST 1/2 OF BLOCK 18 IN CANAL TRUSTEES SUBDIVISION OF THE WEST PART OF SECTION 5, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. P.I.N.: 17-05-301-045, PROTERTY ADDRESS: 1136 NORTH MILWAUKEE, CHICAGO, IL 60622.