UNOFFICIAL COPY

	C FINANCING STATEMENT AMENDING LOW INSTRUCTIONS (front and back) CAREFULLY	MENI		1 (14) (1 (1) (1) (1) (1) (1) (1) (1) (1)	
	IAME & PHONE OF CONTACT AT FILER [optional]				
M	OIRA REILLY 312-252-0440 EXT 208	3			
S	END ACKNOWLEDGMENT TO: (Name and Address)			- 621681550	37
				Doc#: 0510812	207
	MOIRA REILLY	'		Eugene "Gene" Mod	re Fee: \$26.50
	CHICAGO COMMUNITY LOAN F	UND		Cook County Record Date: 04/18/2005 12:	er of Deeds
	29 EAST MADISON, SUITE 1700			1072000 12	05 PM Pg: 1 of 1
	,				
	CHICAGO, IL 60602	1			
			THE ABOVE S	PACE IS FOR FILING OFFIC	E USE ONLY
	NITIAL FINANCING STATE IEN F'LE#			1b. This FINANCING STA	
	N # 20-22-402-0/12/OL. 259 COOK C			REAL ESTATE RECO	RDS.
•	TERMINATION: Effectiveness of the Firstnering Statement identified				
	CONTINUATION: Effectiveness of the "inalicing Statement ident continued for the additional period provided by a pilicable law.	ified above with respect to security	interest(s) of the Secui	ed Party authorizing this Continu	ation Statement is
_		71	Za and pice our pare	of accuracy in item 9	
	ASSIGNMENT (full or partial): Give name of assignee in item 7a or MENDMENT (PARTY INFORMATION): This Ameriument affects			one of these two boxes.	
	INTENDMENT (PART FINFORMATION). This Americanent areasts to check one of the following three boxes and provide appropriate inform		y di record. Check only	One of these two boxes.	
Г	CHANGE name and/or address: Please refer to the detailed instructions	DELETE name: Given to be deleted in item	e record name	ADD name: Complete item also complete items 7e-7g	n 7a or 7b, and also item 7c; (if annicable)
. C	in regards to changing the name/address of a party	10 be deleted in item	da bi ou.	alab complete items 70-19	(ii applicable).
	6a ORGANIZATION'S NAME	7			
,,,	WOODLAWN EAST COMMUNITY A		INC.		
R -	66 INDIVIDUAL'S LAST NAME	FI. IST NAME		MIDDLE NAME	SUFFIX
		Q_{j}			
7. C	CHANGED (NEW) OR ADDED INFORMATION 7a. ORGANIZATION'S NAME				
	78. ORGANIZATION S NAME		×,		
)R	76 INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
Ì			('		
c A	MAILING ADDRESS	CITY	10	STATE POSTAL CODE	COUNTRY
7.4 5	SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION	TION 7f JURISDICTION OF	ORGANIZATION	7g. ORGANIZATIONAL ID	#, if any
u a	DEBTOR			. 1	
u ,				_()	NOI
3. A	MENDMENT (COLLATERAL CHANGE): check only one box			0.	
3. A	MENDMENT (COLLATERAL CHANGE): check only <u>one</u> box escribe collateral d deleted or added, or give entire restated	d collateral description, or describ	e collateral assigne	ad.	
3. A	escribe collateral deleted or added, or give entire restated		e collateral assigne	ad O	
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CO LE	escribe collateral deleted or added, or give entire restated DMMON ADDRESS: 6737 S. RHODES EGAL DESCRIPTION: THE SOUTH HOOCK I IN JOHNSTON AND CLEMEN	S, CHICAGO, IL IALF OF LOT 14 A NT'S SUBDIVISION	ND THE NO N OF THE W	RTH HALF OF LO EST HALF OF TH	OT 15 IN IE
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