## UNOFFICIAL COPY

EUGene "Gene" Moore Fee: \$26.0 Cook County Recorder of Deeds Date: 06/17/2005 12:18 PM Pg: 1 ( Corporation Service Company SUITE 2320 33 North LaSalle Street Chicago III 6602 428967-4  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  III THE FINANCING STATEMENT EVEN (AND 39 Date: 01/13/2000 12:00:00 B: P: PERMINATION: Effectiveness of the Financing 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 a juicable law.  ASSIGNMENT (full or partial): Own entered assigned in low; or or 7b and address of assignee in litem 7c; and also give name of assignor in item 9.  WINDIAMENT (Party INFORMATION): This Amendment of full will be continued for the Information Statement is continued for the deciding the score of the following three boxes and provide appropriate ill formation in interest score of the following three boxes and provide appropriate ill formation in interest score of the following three boxes and provide appropriate ill formation in interest score of the following three boxes and provide appropriate ill formation in interest score of the following three boxes and provide appropriate ill formation in interest score of the following three boxes and provide appropriate ill formation in interest score of the following three boxes and provide appropriate ill formation in interest score of the following three boxes and provide appropriate ill formation in interest score of the following three boxes and provide appropriate ill formation in interest score of the following three boxes and provide appropriate ill formation in interest score of the following three boxes and provide appropriate ill formation in interest score of the following three boxes and provide appropriate ill formation in interest score of the following three boxes and provide appropriate ill formation in interest score of the following three boxes and provide appropriate ill formation in interest score of the following the ap	ELUGENE "Gene" Moore Fee: \$26.0  Cook County Recorder of Deads Date: 06/17/2005 12:18 PM Pg: 1 c  Corporation Service Company SUITE 2320 33 North LaSalle Street Chicard TI 60602  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY NITIAL FINANCING STATEMENT S.C.  INTIAL	CC FINANCIN	G STATEMENT AMEND	MENT	11011	2516817182	
END ACKNOWLEDGMENT TO: (Name and Address)  AC1 For AC1  Corporation Service Company SUITE 2320 33 North LaSalle Street Chicago TI, 60602 428967-4  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  ITHIAL FINANCING STATEMENT S.E.E.  10. This FINANCING STATEMENT AMENDM 0034893 Date: 01/10/2000 12:00:00 B: P:  TERMINATION: Effectiveness of the Financiag Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by a junctible law.  MENDMENT (full or partial): Give name of assign(a in law or or 7b and address of assign(a in item 9.  MENDMENT (full or partial): Give name of assign(a in law or or 7b and address of assign(a in item 9.  MENDMENT (full or partial): The Amendment of assign(a in item 9.  MENDMENT (full or partial): The Amendment of assign(a in item 9.  MENDMENT (full or partial): The Amendment of assign(a in item 9.  MENDMENT (full or partial): The Amendment of assign(a in item 9.  MENDMENT (full or partial): The Amendment of assign(a in item 9.  MENDMENT (full or partial): The Amendment of assign(a in item 9.  MENDMENT (full or partial): The Amendment of assign(a in item 9.  MENDMENT (full or partial): The Amendment of assign(a in item 9.  MENDMENT (full or partial): The Amendment of assign(a in item 9.  MENDMENT (full or partial): The Amendment of assign(a in item 9.  MENDMENT (full or partial): The Amendment of assign(a in item 9.  MENDMENT (full or partial): The Amendment of assign(a in item 9.  MENDMENT (full or partial): The Amendment of assign(a in item 9.  MENDMENT (full or partial): The Amendment of assign(a in item 9.  MENDMENT (full or partial): The Amendment of assign(a in item 9.  MENDMENT (full or partial): The Amendment of assign(a in item 9.  MENDMENT (full or partial): The Amendment of assign(a in item 9.  MENDMENT (full or partial): The Amendment of assign(a in item 9.  MENDMENT (full or partial): The Amendment of assign(a in item 9.  MENDMENT (full or partial): Th	Date: 06/17/2005 12:18 PM Pg: 1 c  Corporation Service Company SUITE 2320 33 North LaSalle Street Chicago III 60602 428967-4  NITIAL FINANCING STATEMENT SUPE 10. This FINANCING STATEMENT AMENDM 10034893 Date: 01/10/2000 12:00:00 B: P:  TERMINATION: Effectiveness of the Financia Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by a jurishel law.  ASSIGNMENT (full or partial): (We name of assign/s in is 7 or 75 and address of assigner in item 7c; and also give name of assignor in item 9.  MENDMENT (full or partial): (We name of assign/s in is 7 or 75 and address of assigner in item 7c; and also give name of assignor in item 9.  MENDMENT (full or partial): (We name of assign/s in is 7 or 75 and address of assigner in item 7c; and also give name of assignor in item 9.  MENDMENT (full or partial): (We name of assign/s in is 7 or 75 and address of assigner in item 7c; and also give name of assignor in item 9.  MENDMENT (full or partial): (We name of assign/s in is 7 or 75 and address of assigner in item 7c; and also give name of assignor in item 9.  MENDMENT (full or partial): (We name of assign/s in is 7 or 75 and address of assigner in item 7c; and also give name of assignor in item 9.  MENDMENT (full or partial): (Above name of assign/s in item 9.  MENDMENT (full or partial): (Above name of assign/s in item 9.  MENDMENT (full or partial): (Above name of assign/s in item 9.  MENDMENT (full or partial): (Above name of assign/s in item 9.  MENDMENT (full or partial): (Above name of assign/s in item 7c; and also give name of assign/s in item 9.  MENDMENT (full or partial): (Above name of assign/s in item 7c; and also give name of assign/s in item 9.  MENDMENT (full or partial): (Above name of assign/s in item 7c; and also give name of assign/s in item 7c; and also give name of assign/s in item 7c; and also give name of assign/s in item 7c; and also give name of assign/s in item 7c;				Eug	ene "Gene" Moore   F	Fee: \$26.00
SUITE 2320  33 NORTH LASAILE Street  Chicago III 60602  428967-4  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  IIITAL FINANCING STATEMENT SEE  428967-4  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  IIITAL FINANCING STATEMENT AMENDM 0034893 Date: 01/12/2900 12:00:00 B; P:  TERMINATION: Effectiveness of the Fining ing Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is CONTINUATION: Effectiveness of the Fining ing Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is CONTINUATION: Effectiveness of the Fining 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 a pictable law.  ASSIGNMENT (will or partial): Give name of assignic in its To or 7b and address of assignee in item 7c; and also give name of assignor in item 8.  MENDIMENT (PARTY INFORMATION): This Amendment affects Debt poor go I Secured Party of record. Check only one of these two boxes. so check pag of the following three boxes and provide appropriate in formation in idems 6 and on 7.  CHANGE name and/or address. Please refer to the detailed instructions  DELETE name: Give record name  ADD name: Complete items 7a-7a (if apolicable).  ADD name: Complete items 7a-7a (if apolicable).  B. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFD  ALDO NAME  ALDO LINFORMATION:  To ARGANIZATION SNAME  FIRST NAME  ALDO LINFORMATION ID 5, If any  ORGANIZATION SNAME  ALDO LINFORMENT CODE  COUNTING CONTING TO THE ADDRESS TO TH	SUITE 2320  33 North LaSalle Street  Chicago II. 60602  ABBOVE SPACE IS FOR FILING OFFICE USE ONLY  NITIAL FINANCING STATEMENT FLORA  10034893 Date:01/13/2900 12:00:00 B: P:  TERMINATION: Effectiveness of the financia Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is Continuation for the additional period provided by a pickable law.  ASSIGNMENT (will or partial): Give name of assigns in the first and address of assignee in item 7c; and also give name of assignor in item 8.  MENDMENT (PARTY INFORMATION): This Amendment of the Journal of ancion of the following three boxes and provide appropriate in formation in items 8 ancion of the following three boxes and provide appropriate in formation in items 8 ancion of the following three boxes and provide appropriate in formation in items 8 ancion of the following three boxes and provide appropriate in formation in items 8 ancion of the following three boxes and provide appropriate in formation in items 8 ancion of the following three boxes and provide appropriate in formation in items 8 ancion of the following three boxes and provide appropriate in formation in items 8 ancion of the following three boxes and provide appropriate in formation in items 8 ancion of the following three boxes and provide appropriate in formation in items 8 ancion of the following three boxes and provide appropriate in formation in items 8 ancion of the following three boxes and provide appropriate in formation in items 8 ancion of the following three boxes and provide appropriate in formation in items 8 ancion of the following three boxes and provide appropriate in formation in items 8 ancion of the following three boxes and provide appropriate in formation in items 8 ancion of the following three boxes are provided by a formation in items 8 ancion of the following three boxes are provided by a formation of the following three boxes are provided by a formation of the following three boxes are provided	SEND ACKNOWLED	GMENT TO: (Name and Address)	AC1 For AC1			
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  The FINANCING STATEMENT AMENDM TO be filled for recorded, in the Teach led for recorded for recorded on the Teach led for recor	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  NITIAL FINANCING STATEMENT SUEM.  10. This FINANCING STATEMENT ALKENDME 10 to fill deligit or record (1) recorded) in the 10 to fill deligit or record (1) recorded) in the 10 to fill deligit or record (1) recorded) in the 10 to fill deligit or record (1) recorded) in the 10 to fill deligit or record (1) recorded) in the 10 to fill deligit or record (1) recorded) in the 10 to fill deligit or record (1) recorded) in the 10 to fill deligit or record (1) recorded) in the 10 to fill deligit or record (1) recorded) in the 10 to fill deligit or record (1) recorded) in the 10 to fill deligit or record (1) recorded) in the 10 to fill deligit or record (1) recorded (1) recor				*****		
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INTIAL FINANCING STATEMENT FLETH  ON 34893 Date: 01/13/2001 12:00:00 B; P:  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is provided by a public leave.  CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by a public leave.  ASSIGNMENT (full or partial): Give name of assignce in the public leave.  ASSIGNMENT (full or partial): Give name of assignce in the public leave.  ASSIGNMENT (full or partial): Give name of assignce in the public leave.  ASSIGNMENT (full or partial): Give name of assignce in the public leave.  ASSIGNMENT (full or partial): Give name of assignce in the public leave.  ASSIGNMENT (full or partial): Give name of assignce in the public leave.  ASSIGNMENT (full or partial): Give name of assignce in the public leave.  ASSIGNMENT (full or partial): Give name of assignce in the public leave.  BEDELETE name: Give record. Check only gag of these two boxes. so check gag of the following three boxes gag provide appropriate is formation in items 6 and/or 7.  CHANGE name and/or address Please refer to the detailed instructions in the gas of 6b.  CHANGE name and/or address Please refer to the detailed instructions in the gas of 6b.  ADD DATE: Camplete item 7a or 7b, and also like instructions and control of 6b.  ADD DATE: Camplete item 7a or 7b, and also like leave the public leave for the gas of 6b.  ADD DATE: Camplete item 7a or 7b, and also like leave the public leave for the gas of 6b.  ADD DATE: Camplete item 7a or 7b, and also like leave the gas of 6b.  ADD DATE: Camplete item 7a or 7b, and also like leave the gas of 6b.  ADD DATE: Camplete item 7a or 7b, and also like leave the gas of 6b.  ADD DATE: Camplete item 7a or 7b, and also like leave the gas of 6b	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  NITIAL FINANCING STATEMENT FILE.  10034893 Date:01/13/2001 12:00:00 B: P:  TERMINATION: Effectiveness of the This clinic Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is Continued for the additional period provided by a picable law.  ASSIGNMENT (full or partial): Give name of assigns in the Table of the secured Party authorizing this Continuation Statement is continued for the additional period provided by a picable law.  ASSIGNMENT (full or partial): Give name of assigns in the Table of the secured Party authorizing this Continuation Statement is continued for the additional period provided by a picable law.  ASSIGNMENT (full or partial): Give name of assigns in the Table of the secured Party authorizing this Continuation Statement is continued for the additional period provided by a picable law.  ASSIGNMENT (full or partial): Give name of assigns in the Table of the secured Party authorizing this Continuation Statement is continued for the additional period provided by a picable law.  ASSIGNMENT (full or partial): Give name of assigns in the Table of the secured Party authorizing this Continuation Statement is continued for the additional period provided by a picable law.  ASSIGNMENT (full or partial): Give name of assigns in the Table of the secured Party authorizing this Continuation Statement is continued for the additional period provided by a picable law.  ASSIGNMENT (full or partial): Give name of assigns in the Table of the secured Party authorizing this Continuation Statement is continued for the additional period provided by a picable law.  ASSIGNMENT (full or partial): Give name of assigns in the Table of the secured Party authorizing this Continuation Statement is continued for the additional period provided by a picable law.  BELISTATION of the Secured Party authorizing this Effect of the Secured Party authorizing the Secured Party authorizing the Secured Party	33 North	LaSalle Street				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  ON 34893 Date: 01/15/25/00 12:00:00 B: P:  TERMINATION: Effectiveness of the Time Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by a puscable law.  ASSIGNMENT (full or partial): Give name of assignes in the Time Time Time Time Time Time Time Tim	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  NITIAL FINANCING STATEMENT FLEE  (00034893 Date: 01/13/25/00 12:00:00 B; P:    TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Termination Identified above with respect to secu		<b>7</b>				
TERMINATION: Effectiveness of the Time and a statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is CONTINUATION: Effectiveness of the Finding Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by a picable law.    ASSIGNMENT (full or partial): Give name of assignce in letter a or 7b and address of assignce in item 7c; and also give name of assignor in item 9.    MENDMENT (PARTY INFORMATION): This Amendment aff or 7b and address of assignce in item 7c; and also give name of assignor in item 9.    MENDMENT (PARTY INFORMATION): This Amendment aff or 7b and address of assignce in item 7c; and also give name of assignor in item 9.    MENDMENT (PARTY INFORMATION): This Amendment aff or 7b and address of assignce in item 7c; and also give name of assignor in item 9.    MENDMENT (PARTY INFORMATION): This Amendment aff or 7b and address of assignce in item 7c; and also give name of assignor in item 9.    MENDMENT (PARTY INFORMATION): This Amendment aff or 7b and address of assignce in item 7c; and also give name of assignor in item 9.    MENDMENT (PARTY INFORMATION): This Amendment aff or 7b and address of assignce in item 7c; and also give name of assignor in item 9.    ADD name: Complete item 7ao 7b and also item 8a or 6b.	TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination 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 a picable law.    ASSIGNMENT (full or partial): Give name of assign(e in .e. / a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.    MENDMENT (PARTY INFORMATION): This Amendment aff		420307-4		THE ABOVE SPACE	IS FOR FILING OFFICE U	ISE ONLY
TERMINATION: Effectiveness of the The Third is Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement (security interest).  CONTINUATION: Effectiveness of the Fin Inc. is 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 a price in item of the secured Party authorizing this Continuation Statement is continued for the additional period provided by a price in item 2 or 7b and address of assignee in item 7c; and also give name of assignor in item 9.  MENDMENT (PARTY INFORMATION): This Amendment affects be provided appropriate in formation in items 6 and/or 7.  CHANGE name and/or address: Please refer to the detailed instructions in research to changing the name and/or address of a party.  CHANGE name and/or address: Please refer to the detailed instructions in terms 6 and/or 7.  CHANGE INFORMATION:  Be INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIXED POSTAL CODE  COUNT  ADDLINFORE 76. TYPE OF ORGANIZATION  DEBTOR  ADDLINFORE 76. TYPE OF ORGANIZATION  DEBTOR  To JURISDICTION OF ORGANIZATION  To JURISDICTION OF OR	TERMINATION: Effectiveness of the Financial Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement CONTINUATION: Effectiveness of the Financial 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 a jurisable law.  ASSIGNMENT (full or partial): Give name of assigns a interest or 70 and address of assignee in item 7c; and also give name of assignor in item 9.  MENDMENT (PARTY INFORMATION): This Amendment afforces of party interest of the following three boxes and provide appropriate information in items 8 and/or 7.  CHANGE name and/or address: Please refer to the detailed instructions in items 8 and/or 7.  CHANGE name and/or address: Please refer to the detailed instructions in items 8 and/or 7.  CHANGE name and/or address: Please refer to the detailed instructions in terms 8 and/or 6b.  URRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  MIDDLE NAME  SUFFIX  STATE POSTAL CODE  COUNT  To ORGANIZATION'S NAME  ADD'L INFORE  To TYPE OF ORGANIZATION  DESTOR  ADD'L INFORE  To TYPE OF ORGANIZATION  To JURISDICTION OF ORGANIZATION  To ORGANIZATION To PRESIDE TO TYPE OF ORGANIZATION  To JURISDICTION OF ORGANIZATION  To ORGANIZATION To DESTOR  To JURISDICTION OF ORGANIZATION  To ORGANIZATION To DESTOR  To JURISDICTION OF ORGANIZATION  To JURISDICTION OF OR			···		. This FINANCING STATEMI to be filed [for record] (or re	ENT AMENDME
ASSIGNMENT (full or partial): Give name of assigns in ite in a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.  MENDMENT (PARTY INFORMATION): This Amendment atf is in being a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.  MENDMENT (PARTY INFORMATION): This Amendment atf is in being a control of the following three boxes and provide appropriate in formation in items 6 and/or 7.  CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.  URRENT RECORD INFORMATION:  Sa. ORGANIZATION'S NAME  Sb. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  AND INFORMATION:  To ORGANIZATION'S NAME  FIRST NAME  MIDDLE NAME  SUFFIX  STATE POSTAL CODE  COUNT  To ORGANIZATION  To DESTOR  To ORGANIZATION  To ORG	ASSIGNMENT (full or partial): Give name of assigne in term 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.  MENDMENT (PARTY INFORMATION): This Amendment atf us Debtor of Secured Party of record. Check only one of these two boxes.  Iso check one of the following three boxes and provide appropriate it formation in items 8 and/or 7.  CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.  URRENT RECORD INFORMATION:  Ga. ORGANIZATION'S NAME  6b. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  STATE POSTAL CODE  COUNT  (AILING ADDRESS  CITY  STATE POSTAL CODE  COUNT  To ORGANIZATION To PORGANIZATION To ORGANIZATION To DEBTOR  ADD'L INFORE  To TYPE OF ORGANIZATION  To JURISDICTION OF ORGANIZATION  To ORGANIZATION To ORGANIZATION  To ORG	TERMINATION: E	ffectiveness of the Charuling Statement identifie	d above is terminated with respect to sec	urity interest(s) of the Secu		
ASSIGNMENT (full or partial): Give name of assigns in item in a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.  MENDMENT (PARTY INFORMATION): This Amendment aff is Debtor of Secured Party of record. Check only one of these two boxes.  so check one of the following three boxes and provide appropriate in formation in items 6 and/or 7.  [CHANGE name and/or address: Please refer to the detailed instructions DELETE name: Give record name in the mane/address of a party.  [ADD name: Complete item 7a or 7b, and also item for 6b. Integrals to changing the name/address of a party.  [ADD name: Complete item 7a or 7b, and also item for 6b. Integrals to changing the name/address of a party.  [ADD name: Complete item 7a or 7b, and also item for 6b. Integrals the name/address of a party.  [ADD name: Complete item 7a or 7b, and also item for 6b. Integrals the name/address of a party.  [ADD name: Complete item 7a or 7b, and also item for 6b. Integrals the name/address of a party.  [ADD name: Complete item 7a or 7b, and also item for 6b. Integrals the name in address of a party.  [ADD name: Complete item 7a or 7b, and also item for 6b. Integrals the name in item 6b. Integrals the name in item 6b. Integrals the name of address.  [ADD name: Complete item 7a or 7b, and also item for 6b. Integrals the name of address.  [ADD name: Complete item 7a or 7b, and also item for 6b. Integrals the name of 6b. Integrals	ASSIGNMENT (full or partial): Give name of assign. in i.e.,	CONTINUATION:	Effectiveness of the Fir. noting Statement identificational period provided by a microble law	ified above with respect to security inter	est(s) of the Secured Part	y authorizing this Continuation	Statement is
MENDMENT (PARTY INFORMATION): This Amendment aff use Debtor of Deb	MENDMENT (PARTY INFORMATION): This Amendment aff′ us   Debtor of   Secured Party of record. Check only one of these two boxes.  Iso check one of the following three boxes and provide appropriate in formation in items 6 and/or 7.  CHANGE name and/or address: Please refer to the detailed instructions   DELETE name: Give record name   Integrated to changing the name/address of a party.  DELETE name: Give record name   Integrated to changing the name/address of a party.  DELETE name: Give record name   Integrated to changing the name/address of a party.  DELETE name: Give record name   Integrated to changing the name/address of a party.  DELETE name: Give record name   Integrated to changing the name/address of a party.  DELETE name: Give record name   Integrated to changing the name/address of a party.  DELETE name: Give record name   Integrated to changing the name/address of a party.  DELETE name: Give record name   Integrated to changing the name/address of a party.  DELETE name: Give record name   Integrated to changing the name/address of a party.  DELETE name: Give record name   Integrated to changing the name/address of a party.  DELETE name: Give record name   Integrated to changing the name/address of a party.  DELETE name: Give record name   Integrated to changing the name/address of a party.  DELETE name: Give record name   Integrated to changing the name/address of a party.  DELETE name: Give record name   Integrated to changing the name/address of a party.  ADD name: Complete item 7a or 7b, and also item 6a or 6b.  DELETE name: Give record name   Integrated to changing the name/address of a party.  ADD name: Complete item 7a or 7b, and also item 6a or 6b.  DELETE name: Give record name   Integrated to changing the name/address of a party.  ADD name: Complete item 7a or 7b, and also item 6a or 6b.  DELETE name: Give record name   Integrated to changing the name/address of a party.  ADD name: Complete item 7a or 7b, and also item 6a or 6b.  ADD name: Complete item 7a or 7b, and also item 6a or 6b.  ADD			7h and address of assistant in its 7-			
so check one of the following three boxes and provide appropriate it formation in items 6 and/or 7.  CHANGE name and/or address: Please refer to the detailed instructions in tems 6 and/or 7.  CHANGE name and/or address: Please refer to the detailed instructions in tems 6 and 6b.  DELETE name: Give record name also one in the following the name/address of a party.  DERENT RECORD INFORMATION:  Sa. ORGANIZATION'S NAME  Suffix  FIRS: NAME  FIRS: NAME  MIDDLE NAME  SUFFIX  ALLING ADDRESS  CITY  STATE POSTAL CODE COUNT  ORGANIZATION 79. ORGANIZATION 10 #, if any  DEBTOR  To JURISDICTION OF ORGANIZATION 79. ORGANIZATION 10 #, if any  DEBTOR  To JURISDICTION OF ORGANIZATION 79. ORGANIZATION 10 #, if any  DEBTOR	Iso check one of the following three boxes and provide appropriate in formation in items 6 and/or 7.  CHANGE name and/or address: Please refer to the detailed instructions in items 6 and/or 7.  CHANGE name and/or address: Please refer to the detailed instructions in tems 6 and/or 7.  CHANGE name and/or address: Please refer to the detailed instructions in tems 6 and/or 7.  CHANGE name and/or address: Please refer to the detailed instructions in tems 6 and/or 7.  CHANGE name and/or address: Please refer to the detailed instructions in tems 6 and/or 7.  CHANGE name: Give record name to be deleted in item 6a or 6b.  CHANGE name: Complete item 7a or 7b, and also item in tems 6 and/or 7b.  CHANGE name: Give record name to be deleted in item 6a or 6b.  CHANGE name: Complete item 7a or 7b, and also item in tems 6 and/or 6b.  CHANGE name: Give record name to be deleted in item 6a or 6b.  CHANGE name: Complete item 7a or 7b, and also item in tems 6 and/or 6b.  CHANGE name: Give record name to be deleted in item 6a or 6b.  CHANGE name: Complete item 7a or 7b, and also item in tems 6 and/or 6b.  CHANGE name: Complete item 7a or 7b, and also item in tems 6 and/or 6b.  CHANGE name: Complete item 7a or 7b, and also item in tems 6 and/or 6b.  CHANGE name: Complete item 7a or 7b, and also item in tems 6 and/or 6b.  CHANGE name: Complete item 7a or 7b, and also item in tems 6 and/or 6b.  CHANGE name: Complete item 7a or 7b, and also item in tems 6 and/or 6b.  CHANGE name: Complete item 7a or 7b, and also item in tems 6 and/or 6b.  CHANGE name: Complete item 7a or 7b, and also item in tems 6 and/or 6b.  CHANGE name: Complete item 7a or 6b.  CHANGE name: Change nam						
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.  DELETE name: Give record name to be deleted in item 8a or 6b.  DELETE name: Give record name also one also complete item 7a or 7b, and also item for the detailed in item 8a or 6b.  DELETE name: Give record name also one also complete item 7a or 7b, and also item for the detailed in item 8a or 6b.  DELETE name: Give record name also one also complete item 7a or 7b, and also item for the detailed in item 8a or 6b.  DELETE name: Give record name also one also complete item 7a or 7b, and also item for the detailed in item 8a or 6b.  DELETE name: Give record name also one also complete item 7a or 7b, and also item for also complete item 7a or 7b, and also item for also complete item 7a or 7b, and also item for also complete item 7a or 7b, and also item for also complete item 7a or 7b, and also item for also complete item 7a or 7b, and also item for also complete item 7a or 7b, and also item for also complete item 7a or 7b, and also item for also complete item 7a or 7b, and also item for also complete item 7a or 7b, and also item for also complete item 7a or 7b, and also item for also complete item 7a or 7b, and also item for also complete item 7a or 7b, and also complete item for also complete it	CHANGE name and/or address: Please refer to the detailed instructions in teagrats to changing the name/address of a party.  DELETE name: Give record name to be deleted in item 8a or 6b.  DELETE name: Give record name to be deleted in item 8a or 6b.  DELETE name: Give record name to be deleted in item 8a or 6b.  DELETE name: Give record name also other integrated to be deleted in item 8a or 6b.  DELETE name: Give record name to be deleted in item 8a or 6b.  DELETE nam				ecord. Check only <u>one</u> or	these two boxes.	
URRENT RECORD INFORMATION:  5a. ORGANIZATION'S NAME  5b. INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  TANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  FIRST NAME  MIDDLE NAME  SUFFIX  TANGED (NEW) OR ADDED INFORMATION:  7b. INDIVIDUAL'S LAST NAME  ALLING ADDRESS  CITY  STATE POSTAL CODE  COUNT  TO ORGANIZATION  ORGANIZATION  DEBTOR  To TYPE OF ORGANIZATION  ORGANIZATION  DEBTOR  TO ORGANIZATION  TO ORGAN	GB. ORGANIZATION'S NAME  6b. INDIVIDUAL'S LAST NAME  6b. INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  HANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  FIRST NAME  MIDDLE NAME  SUFFIX  TAILING ADDRESS  CITY  STATE POSTAL CODE  COUNT  ORGANIZATION  ORGANIZATION  ORGANIZATION  DEBTOR  To. TYPE OF ORGANIZATION  To. TYPE OF ORGANIZATION  ORGANIZATION  To. TYPE OF ORGANIZATION  TO. TYPE	CHANGE name and/or	address: Please refer to the detailed instructions	T DELETE name: Give reco	ord name	ADD name: Complete item 7a o	r7b, and also item
FIRST NAME  HANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  STATE POSTAL CODE  COUNT  ORGANIZATION  ADD'L INFO RE ORGANIZATION  ORGANIZATION  DEBTOR  FIRST NAME  AUDITOR  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  TO UNIT ORGANIZATION  75. ORGANIZATION OF ORGANIZATION  DEBTOR	6b. INDIVIDUAL'S LAST NAME  FIRST NAME  HANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  FIRST NAME  MIDDLE NAME  SUFFIX  STATE POSTAL CODE  COUNT  CREINSTRUCTIONS  ADD'L INFO RE 7e. TYPE OF ORGANIZATION  ORGANIZATION  DEBTOR  FIRST NAME  MIDDLE NAME  SUFFIX  75. JURISDICTION OF ORGANIZATION  TO GRANIZATIONAL ID #, if any  ORGANIZATION  DEBTOR			to be deseted in item da of	r 00. L.1	aiso complete items /e-/g (if ap	Dicable).
HANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  AILING ADDRESS  CITY  STATE POSTAL CODE  COUNT  FIRST NAME  ADD'L INFO RE ORGANIZATION  ORGANIZATION  DEBTOR  7g. ORGANIZATIONAL ID #, If any	HANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MIDDLE NAME  SUFFIX  STATE POSTAL CODE COUNT  CELINSTRUCTIONS  ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  7f. JURISDICTION OF ORGANIZATION DEBTOR  77g. ORGANIZATIONAL ID #, If any						
HANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  AILING ADDRESS  CITY  STATE POSTAL CODE  COUNT  FIRST NAME  ADD'L INFO RE ORGANIZATION  ORGANIZATION  DEBTOR  7g. ORGANIZATIONAL ID #, If any	HANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MIDDLE NAME  SUFFIX  STATE POSTAL CODE COUNT  CELINSTRUCTIONS  ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  7f. JURISDICTION OF ORGANIZATION DEBTOR  77g. ORGANIZATIONAL ID #, If any						
76. INDIVIDUAL'S LAST NAME  AILING ADDRESS  CITY  STATE POSTAL CODE COUNT  CORGANIZATION  ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR  To ORGANIZATION ORGANIZATION DEBTOR	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MIDDLE NAME  SUFFIX  GAILING ADDRESS  CITY  STATE POSTAL CODE  COUNT  SELINSTRUCTIONS  ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  7f. JURISDICTION OF ORGANIZATION DEBTOR  77g. ORGANIZATIONAL ID #, if any	6b. INDIVIDUAL'S LAS	TNAME	FIRS NAME	MI	DDLE NAME	SUFFIX
76. INDIVIDUAL'S LAST NAME  AILING ADDRESS  CITY  STATE POSTAL CODE COUNT  CORGANIZATION  ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR  To ORGANIZATION ORGANIZATION DEBTOR	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MIDDLE NAME  SUFFIX  GAILING ADDRESS  CITY  STATE POSTAL CODE  COUNT  SELINSTRUCTIONS  ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  7f. JURISDICTION OF ORGANIZATION DEBTOR  77g. ORGANIZATIONAL ID #, if any						
75. INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  ALLING ADDRESS  CITY  STATE POSTAL CODE  COUNT  CORGANIZATION  ORGANIZATION DEBTOR  To. TYPE OF ORGANIZATION DEBTOR  TO. ORGANIZATION DEBTOR  FIRST NAME  MIDDLE NAME  SUFFIX  TO. ORGANIZATION TO. ORGA	7b. INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  STATE POSTAL CODE  COUNT  SELINSTRUCTIONS  ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  7f. JURISDICTION OF ORGANIZATION DEBTOR  7g. ORGANIZATIONAL ID #, if any						
AILING ADDRESS  CITY  STATE POSTAL CODE COUNT  ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, If any  DEBTOR	AAILING ADDRESS  CITY  STATE POSTAL CODE  COUNT  STATE POSTAL CODE  COUNT  STATE POSTAL CODE  COUNT  FINANCIAL CODE  COUNT  ORGANIZATION  ORGANIZATION  DEBTOR  Tg. ORGANIZATIONAL ID #, if any	7a. ORGANIZATION'S I	NAME				
AILING ADDRESS  CITY  STATE POSTAL CODE COUNT  ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, If any  DEBTOR	AAILING ADDRESS  CITY  STATE POSTAL CODE  COUNT  STATE POSTAL CODE  COUNT  STATE POSTAL CODE  COUNT  FINANCIAL CODE  COUNT  ORGANIZATION  ORGANIZATION  DEBTOR  Tg. ORGANIZATIONAL ID #, if any	75 INDIVIDUAL'S LAS	TNAME	EIDET NAME	1000	2015 11215	
ADD'L INFO RE ORGANIZATION OF ORGANIZATION OF ORGANIZATION OF ORGANIZATION OF ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION OF ORGANIZATION ORGANIZATION OF ORGANIZATION	EEINSTRUCTIONS   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, if any OBBTOR   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, if any OBBTOR   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, if any OBBTOR   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, if any OBBTOR   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, if any OBBTOR   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, if any OBBTOR   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, if any OBBTOR   7e. TYPE OF ORGANIZATION   7f. JURISDICTION ORGANIZATION   7f. JURISDICTION ORGANIZATION   7f. JURISDI	TO. INDIVIDUAL S LAS	INAME	FIRST NAME	MIL	DDLE NAME	SUFFIX
ADD'L INFO RE ORGANIZATION OF ORGANIZATION OF ORGANIZATION OF ORGANIZATION OF ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION OF ORGANIZATION ORGANIZATION OF ORGANIZATION	EEINSTRUCTIONS   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, if any OBBTOR   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, if any OBBTOR   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, if any OBBTOR   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, if any OBBTOR   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, if any OBBTOR   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, if any OBBTOR   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, if any OBBTOR   7e. TYPE OF ORGANIZATION   7f. JURISDICTION ORGANIZATION   7f. JURISDICTION ORGANIZATION   7f. JURISDI	ANI ING ADDRESS		0.774			
ORGANIZATION DEBTOR	ORGANIZATION DEBTOR	AND ADDRESS		GITT	SI	ATE POSTAL CODE	COUNTR
ORGANIZATION DEBTOR	ORGANIZATION DEBTOR	EEINSTRUCTIONS	ADD'L INFO RE   7e, TYPE OF ORGANIZAT	ION 7f JURISDICTION OF ORGA	NIZATION 70	ORGANIZATIONAL ID# if an	<u></u>
			ORGANIZATION "			South Entire to #, it all	·
scribe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.	sscribe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.	MENDMENT (COLL					L
			ATERAL CHANGE): check only one box.	collateral description, or describe colla	iteral assigned.		
		AME OF SECURED	PARTY OF RECORD AUTHORIZING TH	IIS AMENDMENT (name of assignor, i	f this is an Assignment). If i	this is an Amendment authorize	ed by a Debtor wt
ME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor v	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor w	de consters! or adds the	authorizing Debtor, or if this is a Termination au	thorized by a Debtor, check here 🔲 and	enter name of DEBTOR	authorizing this Amendment,	
is consisteral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here 🔲 and enter name of DEBTOR authorizing this Amendment,	as collateral of adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here 🔲 and enter name of DEBTOR authorizing this Amendment,	a. ORGANIZA HON'S N	ME HELLEK SMALL BUS	uness lending, Co	JKP., A DELA	WARE	
is consisteral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here 🔲 and enter name of DEBTOR authorizing this Amendment.	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor dis collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.  The ORGANIZATION'S NAME HELLER SMALL BUSINESS LENDING, CORP., A DELAWARE	OF INDIVIDUAL START					

10.OPTIONAL FILER REFERENCE DATA ref: HSBF-9856

IL-Cook County

P.04/04

(except the East 25 feet the. division of part of the Northwest ... orth, Range 11, East of the Third Princ.

PIN DP 26-203-008