UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-3282 Fax (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 10656 PRIME ACCEPTAN

UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071



Doc#: 0722010005 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds

Date: 08/08/2007 08:25 AM Pg: 1 of 2

		THE ABOVE SPACE	IS FOR FILING OFFICE USE ONLY			
1a. INITIAL FINANCING STATEMENT 11 E # 0708822021 03/29/17 CC IL	Cook+	▼ to	is FINANCING STATEMENT AMENDMENT is be filed [for record] (or recorded) in the EAL ESTATE RECORDS.			
2. X TERMINATION: Effectiveness of the Financian Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.						
3. CONTINUATION: Effectiveness of the Finar cinc State continued for the additional period provided by appliable	tement identified above with respect to the law.	security interest(s) of the Secured Party a	uthorizing this Continuation Statement is			
4. ASSIGNMENT (full or partial): Give name of assigner in tem 7a or 7b and address of assignee in 7c; and also give name of assignor in item 9.						
5. AMENDMENT (PARTY INFORMATION): This Amendment	nent affec's Debtor or Secur	ed Party of record. Check only one of thes	se two boxes.			
Also check one of the following three boxes and provided the CHANGE name and/or address: Give current record name name (if name change) in item 7a or 7b and/or new address.	e in item 6a 🗤 🖒, a'so give new	and/or 7. 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 7d-7g (if applicable)			
6. CURRENT RECORD INFORMATION:	0/					
6a. ORGANIZATION'S NAME	$\tau_{\rm O}$					
OR 6b. INDIVIDUAL'S LAST NAME	FIRST No.M.	MIDDLE	NAME SUFFIX			
BARBER	GENNA?	(D				
7. CHANGED (NEW) OR ADDED INFORMATION:		7),				
7a. ORGANIZATION'S NAME		2				
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME SUFFIX			
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY			
7d. SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR	FORGANIZATION 7f. JURISDICTION	OF ORGANIZATION 70 OR 3	ANIZATIONAL ID #, if any			
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.						
16-04-410-021-0000						
		•	C)			
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NAME OF SECURED PARTY OF RECORD AUTHO	RIZING THIS AMENDMENT (name of assignor, if this is Termination authorized by a Debtor, check here and en	an Assignment). If this is an Amendment author ter name of DEBTOR authorizing this Amendme	rized by a Debtor which
9a. ORGANIZATION'S NAME PRIME ACCEPTANCE COR	P.		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
). OPTIONAL FILER REFERENCE DATA			

11807593 Debtor Name: BARBER, Gennard

626060717



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UNOFFICIAL COPY

			NT AMENDMEN back) CAREFULLY	NT ADDENDUM
11.	INITIAL FINANCIN	G STATEMENT FIL	E # (same as item 1a on Amer	ndment form)
07	08822021	03/29/07	CC IL Cook+	
12. /	NAME of PARTY AUT	HORIZING THIS AME	NDMENT (same as item 9 on Am-	endment form)
OR	PRIME AC	N'S NAME CCEPTANC	E CORP.	
*	12b. INDIVIDUAL'S I	AST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
13,	Use this space for	additional informa	ation	

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Description: L1 CUMMINGS & FARGO AUGUSTA STREET ADDT SUBD E5/8 XW8FT S1/2 NW1/4 SE1 /4 S4 T39N R13E. Parcel ID: 16-04-410-021-0000