UNOFFICIAL COPY

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UCC FINANCING STATEMENT AMENDMEN' FOLLOW INSTRUCTIONS (front and back) CAREFULLY [A. NAME & PHONE OF CONTACT AT FILER [optional]	T Eug Coo	#: 0733126058 Fee ene "Gene" Moore RHSP F k County Recorder of Deed e: 11/27/2007 11:37 AM Pg	ee:\$10.00 se
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	_		
CT Corporation System 208 S. LaSalle Street, Suite 814 Chicago, IL 60604			
Cook C	ounty, IL THE ABOVE SI	PACE IS FOR FILING OFFICE USE	
13. INITIAL FINANCING STATEMEN FILF # • 0702645031 1/26/07		1b. This FINANCING STATEMENT to be filed [for record] (or recor REAL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the maning Statement identified above is		e Secured Party authorizing this Terminati	
CONTINUATION: Effectiveness of the Finz cir., Statement identified above continued for the additional period provided by applicable law.	e with respect to security interest(s) of the Secure	ed Party authorizing this Continuation Sta	stement is
4. ASSIGNMENT (full or partial): Give name of assig 7a or 7b and a			
5. AMENDMENT (PARTY INFORMATION): This Amendment of acts. Det Also check one of the following three boxes and provide appropriate information in its	الما	one of these two boxes.	
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 6a or 6b.	ADD name: Complete item 7a or 7b also complete items 7e-7g (if applications)	and also item 7c, ble).
6. CURRENT RECORD INFORMATION: [6a. ORGANIZATION'S NAME]			
OR Illinois Student Assistance Commission 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME	'7×,		
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. SEEINSTRUCTIONS ADD'L INFO RE 7e, TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f, JURISDICTION OF ORGANIZATION	7g URGANIZATIONAL ID #, if any	NONE
AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral.	description, or describe collateral assigned	Office	
Please see attached addendum for legal description of r	cal estate		
		6	
NAME of SECURED PARTY of RECORD AUTHORIZING THIS AME adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by	NDMENT (name of assignor, if this is an Assignm by a Debtor, check here [7] and enter name of DE	ent). If this is an Amendment authorized to BTOR authorizing this Amendment	oy a Debtor which
92. ORGANIZATION'S NAME	1-1		
OR 95. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	ŞUFFIX
10.OPTIONAL FILER REFERENCE DATA			ــــــــــــــــــــــــــــــــــــــ
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OLLOW INSTRUCTIONS (front and bi	THE COLUMN TO SERVICE A		1			
NAME OF FIRST DEBTOR (1	OR 16) ON RELATED FIN	ANCIAL STATELIE	NT -			
De. ORGANIZATION'S NAME Illinois Student Assistance		TO THE TENTE	<u> </u>			
96. INDIVIDUAL'S LAST NAME	FIRST HAME	MIDDLE HAME	SUFFIX			
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ADDITIONAL SECURED PARTY'S						
12m ORGANIZATION'S NAME	SEL ASSIGNOR SIP'S NA	ME - insert only goe na	ne (12a or 12a)			LJ
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