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	0/33740067				
UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS (front and back) CAREFULLY	Doc#: 0733740067 Fee: \$26.00 Eugene "Gene" Moore Cook County Recorder of Deeds				
A. NAME & PHONE OF CONTACT AT FILER [optional]		Date: 12/03/2	007 11:41 AM Pg: 1 o	-	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Please Return To: CT COR ORATION SYSTEM					
Attn: Matt McEwen 208 5. L. Salle Street, Ste. 814					
Chicago, IL 60604 Cook County	y, IL				
12. WITIAL FINANCING STATE? (. NT. ILE #		THE ABOVE SPACE	E IS FOR FILING OFFICE US		
0721240042 7/31/07			1b. This FINANCING STATEMEN to be filed (for record) (or record REAL ESTATE RECORDS.	rded) in the	
2. TERMINATION: Effectiveness of use Filliaming Statement identified above in	s terminated with respect to se	curity interest(s) of the Se	scured Party authorizing this Termina	tion Statement.	
CONTINUATION: Effectiveness of the Financing Statement identified abordinused for the additional period provided by applicable law.	we with respect to security into	erest(s) of the Secured F	arty authorizing this Continuation St	atement is	
4. ASSIGNMENT (full or partial): Give name of assigner in item 7s or 7b and a	address of assignee in item 7c;	and also give name of a	ssignor in item 9.		
 AMENDMENT (PARTY INFORMATION): This Amendme (affec) De Also check gas of the following three boxes and provide appropria: Information in it 		record. Check only 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. 6. CURRENT RECORD INFORMATION:	DELETE name: Give re- to be deleted in item 6a		ADD name: Complete item 7s or 7t also complete items 7e-7g (if applic	o, and also item 7c; able}.	
64. ORGANIZATION'S NAME Illinois Student Assistance Commission				-	
OR 66. INDIVIDUAL'S LAST NAME	FIR. T NAME		MIDDLE NAME	SUFFIX	
7. CHANGED (NEW) OR ADDED INFORMATION:		<u></u> 1			
7a. ORGANIZATION'S NAME		×,			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX	
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY	
7d. SEEINSTRUCTIONS ADD'T, INFO RE 176. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORG	ANIZATION	. CRCANIZATIONAL ID #, if any		
ORGANIZATION DEBTOR			1.0	NONE	
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral		ateral assigned.	Ox		
Please see attached addendum for legal description of r	eal estate		Office)	
			,		
NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMEL adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by	NDMENT (name of assignor,	If this is an Assignment).	If this is an Amendment authorized b	y a Debtor which	
9a. ORGANIZATION'S NAME	y a Debtor, check here	z enter name of DESTO	nt authorizing this Amendment.		
Bosque Higher Education Authority, Inc.					
BO. WILVINDUAL'S LAST NAME	FIRST NAME	A	IIDDLE NAME	SUFFIX	
10.OPTIONAL FILER REFERENCE DATA				14 ^	
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0733740067 Page: 2 of 2

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