## 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





0823304093 Fee: \$38.00 Doc#: 0823304093 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds Date: 08/20/2008 02:01 PM Pg: 1 of 2

				THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY					
1a. INITIAL FINANCING STATEMENT FILE# 0608617054 03/27/05 CC IL Cook+				-	•	v to t	s FINANCING STATEMS be filed [for record] (or re AL ESTATE RECORDS.	corded) in the	T is
2.	TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.							nent.	
3.	CONTINUATION: continued for the addit		Firancing Statement identified about by applicable law.	ve with respect to the	ne security interest(s) of the Sec	cured Party au	thorizing this Continuation	n Statement is	
4.	ASSIGNMENT (full	or partial): Give r	name of assignee in itom 7a or	7b and address	of assignee in 7c; and also	give name	of assignor in item 9.		
5. <i>F</i>	Also check one of the f	ollowing three bo	This Amendment affects Dexes and provide appropriate into the cord name in item 6a - 15 - 15 down new address (if address of angress)	formation in items o give new	ured Party of record. Check only s 6 and/or 7. DELETE name: Give record n to be deleted in item 6a or 6b.	name	e two boxes.  ADD name: Complete ite item 7c; also complete it		
6. 0	CURRENT RECORD IN	FORMATION:				,			
	6a. ORGANIZATION'S NA	ME		7					
OR	6b. INDIVIDUAL'S LAST N			· ·					
		AME		FIRST NAME	),	MIDDLE	NAME	SUFFIX	
	PIZANO			KAVITT	<u></u>				
7. (	CHANGED (NEW) OR A	ADDED INFORMA	ATION:	-	7),			<u> </u>	
	7a. ORGANIZATION'S NAME								
OR	7b. INDIVIDUAL'S LAST NAME			FIRST NAME	6/2	MIDDLE I	NAME	SUFFIX	
7c. MAILING ADDRESS				CITY		STATE	POSTAL CODE	COUNTRY	Υ
7d. ;		ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTIO	ON OF ORGANIZATION	7g. Ol G	NIZATIONAL ID #, if any		ONE
	` —	leted or added	): check only <u>one</u> box. I, or give entire restated colla	teral description, c	or describe collateral assig	ned.	The contract of the contract o		

OR OR	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 which adds 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.    PRIME ACCEPTANCE CORP.						
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX			
	OPTIONAL FILER REFERENCE DATA 196038 Debtor Name: PIZANO, KAVITT	426-03-0490	<b>'</b>				



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## **UNOFFICIAL COPY**

JC FOL	C FINANCIN	IG STATEME TIONS (front and	NT AMENDME d back) CAREFULLY	ENT ADDENDUM				
11.	11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)							
06	08617054	03/27/06	CC IL Cook+					
12. N	12. NAME of PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)							
ీదా	PRIME ACCEPTANCE CORP.							
OR	12b. INDIVIDUAL'S L	LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
13.	Use this space fo	r additional inform	nation					

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: LEGAL; WEST2 NE4 5.W4 ALSO W2 E2 NE4 SW4 AL SO W134 FT SEC11 W2E2NE4NE4SW4 S11 T38NR13E 3P PARCEL: 19-11-314-053-0000. Parcel ID: 19-11-314-053-0000