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EINANCING S	TATEMENT AMENDM	ENT	D#1 (0835719000 Fee: \$	38.00		
OW INSTRUCTIONS (fro	ont and back) CAREFULLY		Fugene "Gene" Moore RHSP Fee				
ME & PHONE OF CONT	FACT AT FILER [optional]		Onak Coul	nty Recorder of Deeus			
igenz, Inc. 1-80	00-858-5294 NT TO: (Name and Address)	一个多少	Date: 12/2	2/2008 09:18 AM Pg:	1012		
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Prepared by:							
Diligenz, Inc.	Heights Pkwy, Suite 400						
Mukilteo, WA	98275	1					
I 4		n: Illinois Cook			_		
<u></u>	1 1100 111		THE ABOVE SPA	1b. This FINANCING STATE	E USE ONLY		
ITIAL FINANCING STATEN	MENT FLE			- to be filed (for record) (c	or recorded) in the		
1045 <i>4</i> 5991 1/14	5/2(8)4			REAL ESTATE RECOR	DS. ermination Statement.		
TERMINATION: Effect	iveness of the Figure Statement identified	above is terminated with respect to	security interest(s) of the	Secured Party authorizing this Continua	ition Statement is		
CONTINUESTION: Effe	ectiveness of the Financing statement identification and period provided by applicable law.	ified above with respect to security	interest(s) of the Secure	a construction of the second			
continued for the addition	partial): Give name of assignee n ite n.7 or	7h and address of assignee in item	7c; and also give name o	f assignor in item 9.			
ASSIGNMENT (full or p	partial): Give name of assignee in item of	Debtor or Secured Pari	y of record. Check only	one of these two boxes.			
MENDMENT (PARTY II	NFORMATION): This Amendment affecting three boxes and provide appropriate infirm	nation in items 6 and/or 7.		ADD name: Complete item	79 or 75 and also item 7c:		
	izacs. Diegoe refer to the detailed instructions	DELETE name: Giv	e record name 1 6a or 6b.	also complete items 7e-7g	(if applicable).		
in regards to changing the I	name/address of a party.	0/					
6a. ORGANIZATION'S NA	ME	τ_{\sim}					
QUARTERS, LI		TFIRS, NAME		MIDDLE NAME	SUFFIX		
6b. INDIVIDUAL'S LAST N	AME	FINOSOTIA					
CHANGED (NEW) OR AD	DED INFORMATION:		У,				
TO ORGANIZATION'S NA			<u> </u>	MIDDLE NAME	SUFFIX		
7a. ORGANIZATION'S NA				MIDDEL HANNE			
7a. ORGANIZATION'S NA	VAME	FIRST NAME			1		
7a. ORGANIZATION'S NA	ÑAME		<u>C/O</u>	STATE POSTAL CODE	COUNTRY		
7a. ORGANIZATION'S NA	NAME	FIRST NAME	<u>C'/</u>	2	·		
7a. ORGANIZATION'S NA 7b. INDIVIDUAL'S LAST N MAILING ADDRESS		CITY	FORGANIZATION	STATE POSTAL CODE	·		
7a. ORGANIZATION'S NA 7b. INDIVIDUAL'S LAST N MAILING ADDRESS	ADD'L INFO RE 7e. TYPE OF ORGANIZATION	CITY	FORGANIZATION	7a, ORGANIZATIONAL ID	#, if any		
7a. ORGANIZATION'S NA 7b. INDIVIDUAL'S LAST N MAILING ADDRESS SEE INSTRUCTIONS	ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR	CITY ATION 71. JURISDICTION O		7a, ORGANIZATIONAL ID	#, if any		
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0835719000 Page: 2 of 2

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UCC FINANCING STATES FOLLOW INSTRUCTIONS (front and bac						
9. NAME OF FIRST DEBTOR (1a or 1b		EMENT				
9a, ORGANIZATION'S NAME	CHILDENIED I MANOING STATE					
QUARTERS, LLC						
OR L						
95. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
IO. MISCELLANEOUS:						
A ADDITIONAL DEPTOPIS FACT F	2/2/		THE ABOVE	SPACE	IS FOR FILING OFF	ICE USE ONLY
11, ADDITIONAL DEBTOR'S EXACT F	ULL LECAL NAME - insert only one na	me (11a or 11b) - do nol abbrevi	ate or combine names			
11a. ORGANIZATION'S NAME	Ox				-	
OR 115. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS		CITY .		STATE	POSTAL CODE	COUNTRY
11d, TAX ID #: SSN OR EIN ADD'L INFO R ORGANIZATIO DEBTOR	E 118. TYPE OF ORGANIZATION	JURISDICTION OF ORGAN	NIZATION	11g, OR	SANIZATIONAL ID #, If I	any None
	DAGGIONOD GIDIS	NAME - insr t onligge name	(40a a 40b)	.,, "		
12. ADDITIONAL SECURED PART 12a. ORGANIZATION'S NAME	ITS of Massignon area	NAME - INSTITUTION SITE NAME	(12a or 12u)			
128. ORGANIZATIONS NAME						
OR INTERMINATED AND INC.				MIDDLE	DANG	SUFFIX
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	7	MIDDLE	NAME	SUFFIX
		Ù				
12c, MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
			6/			
A. T. SHANDING STATENENT SHIPE	timber to be cut or as-extracted	15. Additional collateral descri	lption:			
13. This FINANCING STATEMENT covers	. .	TO. Production contains a sustain		6/		
colleteral, or is filed as a fixture filing 14. Description of real estate:			· ·	4		
'				. (0	
LOTS 62, 63, 64 AND THE V	WEST 1/2 OF 20 FEET) (
VACATED ALLEY LYING	EAST OF AND					
ADJACENT SAID LOTS IN	SCARSDALE, A					
SUBDIVSION OF PART OF	THE WEST 1/2 OF THE					
EAST 1/2 AND PART OF TH	HE EAST 1/2 OF THE					
WEST 1/2 OF SECTION 32,	TOWNSHIP 42 NORTH				C)	
RANGE 11, EAST OF THE	THIRD DOINCIPAL	Ì				
KANGE II, EAST OF THE	NEW TITIONS					
MERIDIAN IN COOK COU	NII, ILLINOIS.					
	2000 200 201 20					
PIN #: 03-32-122-001-0000,	03-32-122-002-0000 and					
03-32-122-003-0000						
 Name and address of a RECORD OWNE (if Debtor does not have a record interest 	:R of above-described real estate					
					·····	
		17. Check only if applicable a	and check <u>only</u> one bo	K.		гл
					property held in trust	or Decedent's Esta
		18. Check only if applicable	and check only one be	òχ.		
		Debtor is a TRANSMITTI				
		Filed in connection with	a Manufactured-Home	Transact	ion - effective 30 years	3
		Filed in connection with	a Public-Finance Tran	saction -	- effective 30 years	
		Filed in connection with	O LOCKET HISTORY TARI			

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)

NATUCCI - 5/4/01 C T System Online