## UNOFFICIAL COPY

C FINANCING STATEMENT AMENDMENT		Doc#: 0907719044 Fee: \$3 Eugene "Gene" Moore RHSP Fee: Cook County Recorder of Deeds	\$10.00
LOW INSTRUCTIONS (front and back) CAREFULLY  NAME & PHONE OF CONTACT AT FILER [optional]		Date: 03/18/2009 01:58 PM Pg: 1	of 1
SEND ACKNOWLEDGMENT TO: (Name and Address)			
SEND ACKNOWLEDGMENT TO: (Name and Assess)			
A. G. F			
1414 N WESTERN CHICAGO IL 6069	AVE 15		
CHICHON TE	THE	ABOVE SPACE IS FOR FILING OFFICE U	SE ONLY
INITIAL FINANCING STATEMENT FILE#	4098	1b. This FINANCING STATEME to be filed [for record] (or re REAL ESTATE RECORDS.	corded) in the
TERMINATION: Effectiveness of the Fin. nc. 3 Statement identified above is to	terminated with respect to security inte	erest(s) of the Secured Party authorizing this Termi	nation Statement
CONTINUATION: Effectiveness of the Financin, Statement identified above	with respect to security interest(s) o	f the Secured Party authorizing this Continuation	Statement is
continued for the additional period provided by applic to aw.			
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and add  AMENDMENT (PARTY INFORMATION): This Amendment affects   Debt	tor or Secured Party of record.	Check only one of these two boxes.	
AMENDMENT (PARTY INFORMATION): This Amendment areas is per- Also check one of the following three boxes and provide appropriate information in ite	ems 6 and/or /.		7h and also
CHANGE name and/or address: Please refer to the detailed instruction  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 7 item 7c: also complete items	7e-7g (if applicable).
CURRENT RECORD INFORMATION:	)/		
6a. ORGANIZATION'S NAME	$\tau_{\circ}$		
66. INDIVIDUAL'S LAST NAME	FIRST IAME	MIDDLE NAME	SUFFIX
WOODS	AUDREY		
CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			ISUFFIX
75. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	Sorrix
: MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
14449 5. HOXIE AVE	CHICAGO  71. JURISDICTION OF ORGANIZA	TION 7g. ORGANIZATIONAL ID #, if	any
A SEE INSTRUCTIONS   ADD'L INFO RE   7. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR	71. 00.100	'S	NONE
AND LATERAL CHANCES about only one box		VIJUL WIN	DAOWS
Describe colleteral Adeleted or added, or give entire restated colleten	al description, or describe collateral	Lassigned. PIN#	
LOT 14 INBLOCK ? IN	RESUBDIVI	SIION OF CAL	UMET
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NORTH, RANGE 14, EAST	TANTHE T	LIPA DOINCIPAL	
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NORTH, KANGE 14, EAST MERIDIAN, IN COOK CO	UNTGITLLI	DOIS	
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	ENDMENT (name of assignor, if this	is an Assignment). If this is an Amendment authors on DEBTOR authorizing this Amendmen	rized by a Debtor which t
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	a by a book, and		/
90. ORGANIZATION'S NAME HNF (1/A1) ()FNFRAC	FINANCIA	16 SERVICES	ISUFFIX
OR 96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	Journa
			<del></del>
10.OPTIONAL FILER REFERENCE DATA			
		REORDER FROM: Pull-	