NOFFICIAL COPY

UCC FINANCIN	IG STATE	MENT AMEN D	MENT			
OLLOW INSTRUCTION	NS (front and ba	ck) CAREFULLY		(111111)	######################################	
A. NAME & PHONE OF	CONTACT AT F	TLER [optional]		Doc#; 09	913319013 Fee: \$3	8.00
B. SEND ACKNOWLED	GMENT TO: (N	lama and Address		Eugene "Ge	ne" Moore RHSP Fee:\$	10.00
September 1	CAMPAGE 1 1 CA. (14)	ame and Address)			Recorder of Deeds	
AMERICA	N GENERAI	L FINANCE		Date: 05/13/	2009 10:55 AM Pg: 1 o	of 1
7245 W	87TH ST	2 LINKYOL				
BRIDGEV	IEW, IL.	60455				
			2200			
OF THE PERSON AND THE	1988 ABUTTON SOUTH	EAN INCOME		THE ABOVE SPA	ACE IS FOR FILING OFFIC	E HEE ON V
071.8760003	TEMF IT FILE#	- A CONTRACTOR OF THE STATE OF	(2015年1925年) 10年1月 1日	The state of the s	1b. This FINANCING STAT	EMENT AMENDMENT
Course the course of	sometrane — An India			to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. e is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.		
CONTINUATION: E	flectivenes, of the l	Financing Statement identifie	d above is terminated with respe	ct to security interest(s) of the	Secured Darks and a daily a still T	
continued for the add	Effectiveness (f to itional period provi-	 Financing Statement identified by applicable law. 	tified above with respect to secu	rity interest(s) of the Secured	Party authorizing this Continua	ition Statement is
Company of the Compan						
AMENDMENT (DAST	V INCORNATION	ame of casignee in item 7a or	r 7b and address of assignee in it	tem 7c; and also give name of	assignor in item 9.	
Also check one of the folk	Wind Inree boyes s	IN): This Ar lend ner affects and provide appropriate inform	Debtor or Secured P	arty of record. Check only or	ne of these two boxes.	
L'T CHANCE		ETE brasies abbit human liveli	remon in route o aud/of \			
in regards to changing	Title harnavaggress	of a party.	ns DELETE name; to be deleted in it	Give record name tem 8a or 6b.	ADD name: Complete ite item 7c; also complete ite	m 7a or 7b, and also ms 7e-7g (if applicable)
BA. ORGANIZATION'S		(And the second s
			OZ.			
6b. INDIVIOUAL'S LAST	I NAME		IFIF ST NAME			
ELMATARI					MIDDLE NAME	SUFFIX
CHÁNGED (NEW) OR A	ODED INFORMA	TION	FAYSAL			
7a. ORGANIZATION'S	VAME MAN	THOU.				
.) _{X.}		
76. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE NAME	
					MINDER NAME	SUFFIX
MAILING ADDRESS	411111111111111111111111111111111111111		CITY		STATE POSTAL CODE	COUNTRY
9329 S MOOD	Υ		OAK LAW	, (Q ₄ ,		
SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION	76. TYPE OF ORGANIZAT	10N 7f. JURISDICTION O	F ORGANIZATION	JI 60453	COOK
	DEBLOK	. [*/		[]
AMENDMENT (COLLA	TERAL CHANG	E): check only one box.			A REPORT OF THE PERSON NAMED IN COLUMN 1	NO
escribe collateral del	eted or added	d, or give entire restated	collateral description, or descri	be collateral assigned.	(),	
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	TIE 000]	TILLAST 1/4 OF	THE SOUTHWEST	174) IN COOK C	COUNTY, ILLINOIS	3.
# 24-05-315	-015	•	1			
		OAK LAWN, IL.	60453			
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
NAME OF SECURED	ARTY OF REC	ORD AUTHORIZING THI	S AMENDMENT (name of ass	igner, if this is an Assignment	. If this is an Amendment withou	rized by a Dabtor which
9a. ORGANIZATION'S NA		or if this is a Termination auti	horized by a Debtor, check here	and enter name of DEBT	OR authorizing this Amendment	t a south willing
SA. OKGANIZATION'S NA	4ME			——————————————————————————————————————	<u> </u>	
96. INDIVIDUAL'S LAST I	CAN GENER	RAL FINANCE				/V
See HINGSPONES INSTIT	NAME	•	FIRST NAME		MIDDLE NAME	SUFFIX
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PTIONAL FILER REFERE			- S.W. Service Control of Control			L
PIN#	24-05-315	-015			· ·	i i
NG OFFICE COPY	- HOC EI	NANCING STATEMENT	C Ablebies ende		REORDER FROM: Pull-A	Part Business Forn

--- UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

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