

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

108.8(07.1900)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

A.G. F.

5124 N Harley

Harwood H+5, Illou706

Doc#: 0929619003 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds
Date: 10/23/2009 09:58 AM Pg: 1 of 1

a. INITIAL FINANCING STATEMENT FILE 4		1b. This FINANCING STATE to be filed [for record] (or REAL ESTATE RECORD	MENT AMENDMENT is recorded) in the OS.
TERMINATION: Effectiveness of the air anding Statement identified ab	· · · · · · · · · · · · · · · · · · ·		
CONTINUATION: Effectiveness of the Fin? cin* Statement identified continued for the additional period provided by a plic able law.	d above with respect to security interest(s) of the S	Secured Party authorizing this Continuati	on Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b	and address of assignee in item 7c; and also give r	name of assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment reacts	Debtor or Secured Party of record. Check	only <u>one</u> of these two boxes.	
Also check one of the following three boxes and provide appropriate informatic)		
CHANGE name and/or address: Give current record name in item till or 6 name (if name change) in item 7a or 7b and/or new address (if address change)	b; also give new DELETE name: Give reco and e) in item 7c. DELETE name: Give reco	ord name ADD name: Complete it item 7c; also complete it	tem /a of /b, and also tems 7d-7g (if applicable).
CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME	4		
R 66. INDIVIDUAL'S LAST NAME	IFIRST NAME	MIDDLE NAME	ISUFFIX
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MCCAITIU	reory	<u></u>	
CHANGED (NEW) OR ADDED INFORMATION: [7a. ORGANIZATION'S NAME]		**************************************	
R 75. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
: MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
432 W Divarisay Park	use Chicago	IL 600014	1 USA
d. TAX ID#: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION	M. JURISDICTION OF ORGANIZATION	7c. ORGANIZATIONAL ID #, if	
ORGANIZATION DEBTOR	·	10	NONE
. AMENDMENT (COLLATERAL CHANGE); check only one box.			
Describe collateral deleted or added, or give entire restated co	ellateral description, or describe collateral ass	signed. Unit 3 111.	buana fari
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