UNOFFICIAL COPY

ICC FINANCING STATEMENT AMENDI	MENT		
OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]	Doo	#: 0929919005 Fee: \$	38.00
B. SEND ACKNOWLEDGMENT TO: (Name and Address)		ene "Gene" Moore RHSP Fee k County Recorder of Deeds	£:\$10.00
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Harward Hts, FC o		OVE SPACE IS FOR EVANO OFFI	
INITIAL FINANCING STATEMEN, FI'.		OVE SPACE IS FOR FILING OFFI 1b. This FINANCING STA	
MEDINARY - 00818-21	5/43	to be filed [for record]	(or recorded) in the
TERMINATION: Effectiveness of the rinancing Statement identified a	above is terminated with respect to security interes	t(s) of the Secured Party authorizing this	Termination Statement
CONTINUATION: Effectiveness of the Finguisin, Statement identificontinued for the additional period provided by a plir able law.	ed above with respect to security interest(s) of the	s Secured Party authorizing this Continu	ration Statement is
ASSIGNMENT (full or partial): Give name of assignee in two 7a or 7	p and address of assignee in item 7c; and also give	name of assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affects Also check one of the following three boxes and provide appropriate information and provide appropriate appropriate and provide appropriate appropriate and provide appropriate appropriate and provide appropriate app	Secured Party of record. Che	ck only <u>one</u> of these two boxes.	
CHANGE name and/or address: Please refer to the detailed instruct.	DELETE name: Give record name	ADD name: Complete it	am 7g or 7h, and also
CURRENT RECORD INFORMATION:	to be deleted in item 6a or 6b.	ADD name: Complete it item 7c; also complete it	ems 7e-7g (if applicable).
8a. ORGANIZATION'S NAME	<u> </u>		
	1		
86. INDIVIDUAL'S LAST NAME	FIRST IAME	MIDDLE NAME	SUFFIX
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CHANGED (NEW) OR ADDED INFORMATION:	9/		
7a. ORGANIZATION'S NAME	77,	<u> </u>	
7h INDIVIDUAL'S LAST NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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	ату	STATE POSTAL CODE	COUNTRY
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- UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

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