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Doc#: 1003434074 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 02/03/2010 01:40 PM Pg: 1 of 3

NOTICE OF FEDERAL INTEREST

ADDRESS: 5635 3. PULASKI RD

PIN # 19-14-112-045-0000

LEGAL DESCRIPTION ATTACHED

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NOTICE OF FEDERAL INTEREST

On June 25, 2009 the Health Resources and Services Administration awarded Grant No. C81CS13969 to Friend Family Health Center, Inc. The grant provides funds for the Renovation the building, which is located on the land described below in Cook County, State

of Illinois: 5635 S. PULASKI 19-14-112-045-000

THE NORTH 75 FEET OF LOTS 20 TO 24 (EXCEPT THAT PART OF LOT 24 LYING WEST OF A LINE 50 FEET OF AND PARALLEL WITH THE WEST LINE OF SECTION 14) IN BLOCK 13 IN JAMES H. CAMPBELL'S ADDITION TO CHICAGO, A SUBDIVISION OF THE NORTHWEST ¼ (EXCEPT THE EAST 50 FEET) IN SECTION 14, TOWN SHIP 38, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

LOTS 20 TO 24, BOTH INCLUSIVE, (EXCEPT THE NORTH 75 FEET THEREOF) IN BLOCK 13 IN JAMES H. CAMPBELLS ADDITION TO CHICAGO, A SUBDIVISION OF THE NORTHWF ST ¼ (EXCEPT THE EAST 50 FEET THEREOF) OF SECTION 14, TOWNSHIP 38 NOTH, RANGE 13 EAST OF THE THIRD RINCIPAL MERIDIAN (EXCEPT THAT PART OF LOT 24 AFORESAID SYING WEST OF A LINE 50 FEET EAST OF AND PARALLEL WITH THE WEST LINE OF SAID SECTION 14, CONVEYED TO THE CITY OF CHICAGO BY QUIT CLAIM DEED DOCUMENT NUMBER 6288534) IN COOK CCUPTY, ILLINOIS.

The Notice of Award for this grant includes conditions on use of the aforementioned property and provides for a continuing Federal interest in the property. Specifically, the property may not be (1) used for any purpose inconsistent with the statute and any program regulations governing the award under which the property was regulations (2) mortgaged or otherwise used as collateral without the written permission of the Associate Administrator, Office of Federal Assistance Management (OFAM), Health Resources and Services Administration (HRSA); or (3) sold or transferred to another party without up written permission of the Associate Administrator, OFAM, HRSA. These conditions are in accordance with the statutory provisions set forth in the American Recovery and Reinvertment Act, Title 45 CFR part 74 or 92 as applicable, the HHS Grants Policy Statement, and other terms and conditions of award.

These grant conditions and requirements cannot be nullified or voided through a transfer of ownership. Therefore, advance notice of any proposed change in usage or ownership must be provided to the Associate Administrator, OFAM, HRSA.

Signature: Wayne Mayer

Typed Name: Wayne Moyer

Title: Chief Executive Officer

Date: January 27, 2010

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NOTARIZED AFFIRMATION		_	ath
STATE OF TUrnors	_ COUNTY OF_ the undersigned	a Notary Public t	On this <u>27</u> day
of January, 2010, before me of ILLinois, (State), pers	onally appeared be	efore me and is kr	nown to be the person
who executed this instrument on b to me that he/she executed the san	ne as the free act a	nd deed of said C	, and acknowledged orporation. Witness my
hand and official seal.			
Notary Public in and for the Coun of Turner.	ty of <u></u>		, State
OFFICIAL SEAL NOTER, Public - State of Illinois My Commission, Expires Oct 07, 20	12		
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