UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-3282 Fax (818) 662-4141 B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 18436 FIRST AMERICAN 26624251 CT Lien Solutions P.O. Box 29071 ILIL Glendale, CA 91209-9071 **FIXTURE**

					THE ABO	VE SPACE I	S FOR FILING OFFICE USE	ONLY
1a. il	NITIAL FINANCING S 1009634075	04/06/10	CC IL Cook+			X to b	S FINANCING STATEMENT A Le filed [for record] (or recorder AL ESTATE RECORDS.	d) in the
, [X TERMINATION:	Effectiveness of II.a	F. lancing Statement identified above	e is terminated wit	h respect to security interest(s) o	the Secured	Party authorizing this Termin	ation Statement.
3.	CONTINUATION: continued for the add	Effectiveness of the litional period provided	Financing Statement identified above by applicable law.	e with respect to the	ne security interest(s) of the Secu	red Party au	thorizing this Continuation Stat	ement is
4.	ASSIGNMENT (fu	ill or partial): Give na	ame of assignee in item 7a or 7b	and address of	f assignee in 7c; and also giv cured Party of record. Check only	e name or	assignor in item a.	
5. Al	Also check one of the	following three boxe	This Amendmen affects Detected provide appropriate infontrecord name in item (a or 6b) also for new address (if address (and)e)	rmation in items give new ┌─		ame —	ADD name: Complete item 7a item 7c; also complete items	
	URRENT RECORD II 6a. ORGANIZATION'S N			4				
OR	6b. INDIVIDUAL'S LAST	NAME		FIRS. NAME	FO	MIDDLE	NAME	SUFFIX
	HANGED (NEW) OR 7a. ORGANIZATION'S N		TION:		77/2	, _		
OR	7b. INDIVIDUAL'S LAST	NAME		FIRST NAME	C/	MIDDLE	NAME	SUFFIX
7c. l	MAILING ADDRESS			CITY	(0)	STATE	POSTAL CODE	COUNTRY
7d.	SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICT	ION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	NONE
	MENDMENT (COLL. Describe collateral 2 Parcel ID: 13-35-4	deleted or added): check only o <u>ne</u> box. d, or give entire restated collar	teral description,	or describe collateral assig	ned.	Office .	

NAME OF SECURED PARTY OF REC adds collateral or adds the authorizing Debit	ORD AUTHORIZING THIS AMENDMENT (name of assistor, or if this is a Termination authorized by a Debtor, check her	ignor, if this is an Assignment). If this is an Amendment authore and enter name of DEBTOR authorizing this Amendme	rized by a Debtor which ent.
9a. ORGANIZATION'S NAME FTL FINANCE			Lourely
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA

Lease #26547 26624251 Debtor Name: ESPADAS, RODOLFO

1100634062 Page: 2 of 2

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UC FOL	C FINANCIN LOW INSTRUC	G STATEMEI TIONS (front and	NT AMENDMENT back) CAREFULLY	ment form)
11. 1	NITIAL FINANCING	SSTATEMENT FIL	E # (same as item ra on Ameno.	Horic tottily
10	09634075	04/06/10	CC IL Cook+	
12. N	AME of PARTY AUT	HORIZING THIS AME	NDMENT (same as item 9 on Amen	dment form)
1	12a ORGANIZATIO	N'S NAME VCE		
OR	12b. INDIVIDUAL'S I	_AST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
13. 1	Use this space for	additional inform	ation	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Recorded Owner: RODOLFO ESPADAS
Owner Address: 3280 W NORTH AVE CHICAGO, IL, 60647
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Description: LOT 16 IN DELMAKER'S RESUBDIVISION OF BLOCK 24 AND OF LOTS 5 TO 13 INCLUSIVE IN BLOCK 23 IN E.
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Description: LOT 16 IN E.
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