## UNOFFICIAL COPY

		Doc#: 1110850023 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 04/18/2011 12:23 PM Pg: 1 of 2				
JCC FINANCING STATEMENT AMENDMI OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]	ENT					
FIRST MIDWEST BANK  B. SEND ACKNOWLEDGMENT TO: (Name and Address)		Date: 04/10/2311 (4.35)	-			
FIRST MIDWEST BANK P.O. BOX 9003 GURNEE, IL. 60031						
		HE ABOVE SPACE IS FOR FILING OFFICE	USE ONLY			
1a. INITIAL FINANCING STATEME (T.F. LE# 9085578 COCK COUNTY RECORDER	11/18/99	tb. This FINANCING STATE to be filed (for record) (or REAL ESTATE RECORD	MENT AMENDMENT is recorded) in the OS.			
<ul> <li>TERMINATION: Effectiveness of the First noting Statement identified all</li> <li>CONTINUATION: Effectiveness of the First line Statement identified</li> </ul>						
continued for the additional period provided by applicable law.						
4. ASSIGNMENT (full or partial): Give name of as "giver in item 7a or 7b.  5. AMENDMENT (PARTY INFORMATION): This Amendment aft. cts		also give name of assignor in item 9.  ord. Check only <u>one</u> of these two boxes.				
Also check one of the following three boxes and provide appropriate information of the following three boxes and provide appropriate information in regards to changing the name/address of a party.		name ADD name: Complete item 7	a or7b, and also item 7c; applicable).			
S. CURRENT RECORD INFORMATION:  [6a. ORGANIZATION'S NAME	4					
GRAYMORRE LEASING	FIDOT NAME	MIDDLE NAME	SUTTIX			
/. CHANGED (NEW) OR ADDED INFORMATION:	45.					
7a, ORGANIZATION'S NAME	1					
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX			
c. MAILING ADDRESS	СІТУ	STATE POSTAL CODE	COUNTRY			
/d. <u>SEE INSTRUCTIONS</u> ADDL INFO RE   7e. TYPE OF ORGANIZATIO ORGANIZATION DESTOR	ON 71. JURISDICTION OF ORGAN	IZATION 7g. ORGANIZATIONAL ID #,	if any			
B. AMENDMENT (COLLATERAL CHANGE): check only one box.			<del></del>			
Describe collateral deleted or added, or give entire restated c	ollateral description, or describe collate	aral assigned.				
		0				
NAME OF SECURED PARTY OF RECORD AUTHORIZING THI     adds collateral or adds the authorizing Debtor, or if this is a Termination auth	·	this is an Assignment). If this is an Amendment auth enter name of DEBTOR authorizing this Amendmen				
9a. ORGANIZATION'S NAME  FIRST MIDWEST BANK ONE PIERCE PLACE, 17 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SURTIX			
10. OPTIONAL FILER REFERENCE DATA						
31200694 55-11						

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Ada. NAME OF FIRST DEBTOR-ON-RELATED FINANCING STATE OF THE STATE OF T					911		0908557 19/0044 28 001 Page			2	
INDI	VIDUAL'S LAST NAME		FIRST NAME	M	IDDLE NAME, SUFFIX	Cook C	ソーユ ounty	1-18 Recorder	12:	<b>30 ≈ 0</b> 23.50	8
AdB.	MISCELLANEOUS:		<u> </u>		<u> </u>						
				- Andrew		- 10.2					
Ad1.	ADDITIONAL DEL		FULL LEGAL NAME -	insert only	one name (Ad1a o	r Ad1b)					
OR	Ad1b. INDIVIDUAL'S	SLAST NAME	<b>S</b>	FIRS	ST NAME		MIDDLI	NAME	<del></del>	SUFFIX	
ld1c.	MAILING ADDRESS	<u></u>	Ox	СІТУ			STATE	COUNTRY	POSTA	L CODE	
Ad1 d.	. S.S. OR TAX I.D. I	OPTIONAL ADD'NL INFO RE ENTITY DEBTOR)	Adie. TYPE O' ENTTY	OR	ENTITY'S STATE COUNTRY OF ANIZATION		Ad1g. E	NTITY'S ORGA	NIZATION	IAL I.O.#, ir	
Ad2.	Add. ADDITIONAL SECURED PARTY'S EXACT FULL FOAL N.				- insert only one na	me (Ad2a or Ad2	²b) ,				NON
PIO	Adeb. INDIVIDUAL'S	LAST NAME		· IRS	TNAME	{	MIDELE	NAME		SUFFIX	
ld2c.	MAILING ADDRESS			CITY	0//		STATE	COUNTRY	POSTA	L CODE	<del></del>
d3b. LOI SUE FEE HIG THE OF	This financing gown on the real eposcription of real estate 3 in MC NAM. BDIVISION OF LOTET OF LOT 2) IN BSHWAY ACRES, AS EWEST 1/2 OF THE SOUTHWES	STATEMENT cover state described belo te:  ARA'S 107TH AF 1 AND LOT 2 (I LOCK 9 IN FREE SUBDIVISION (I LORTHWEST T 1/4 OF SECT EAST OF TH	ND KEATING AVEN EXCEPT THE WEST DERICK H. BARTLET OF THE SOUTH 1/2 1/4 AND THE WEST ION 15, TOWNSHIP HE THIRD PRINCIP	IUE 116 17'S OF 1/2	Additional collateral de	escription:					
d5. N 6s	ame and address of a state (if Debtor does no	RECORD OWNER of have a record inter	of above—described real est):								