## UNOFFICIAL COPY

UC	C FINANCING	STATEMEN	IT AMENDMEN	Τ		Doc#:	1115410070 lene" Moore Ri	_
	LOW INSTRUCTIONS NAME & PHONE OF CO					Cook Cour	My Danie	Tee:\$10.
	DLLY KAVIS (312) SEND ACKNOWLEDGE		nd Address)	· · · · · · · · · · · · · · · · · · ·		Date: 06/0:	3/2011 12:39 PJ	Deeds ViPa: 1.550
D. 3	SEND ACKNOVVEEDON	NEIVI IV. (Haine a	ila Addiese/	_				1911012
	CHICAGO DE DEVELOPME	COMMISSIONE EPARTMENT O	F HOUSING AND ECO	DNOMIC .				
					THE ABOVE SPAC	E IS FOR FILI	IG OFFICE USE O	NLY
	NITIAL FINANCING STAT	EMENTAL 2#					CING STATEMENT AP for record) (or recorded	
	5570180		সাক Statement identified above is	4		REAL ESTA	TE RECORDS.	
3.	<b>X.</b>	ffectiveness of the Fin	incing Statement identified above					
4.	ASSIGNMENT (full o	r partial): Give name o	of assigns a in term of 7b and a	ddress of assignee in item 7c;	and also give name of as	ssignor in item 9.		
			This Amendment aff		record. Check only <u>one</u>	of these two boxe	96.	
) A		-	ovide appropriate is formation in its	ems 6 and/or 7.  DELETE name: Give re-	ord name	□ ADD name: Co	omnleteitem 7a or 7b. ar	nd also item 7c
(	CHANGE name and/or ac in regards to changing the	e name/address of a part	e detailed instructions ly.	to be deleted in item 6a	or 6b.	also complete	omplete item 7a or 7b, ar items 7e-7g (if applicable	9).
	CURRENT RECORD INFORMATION:  [6a. ORGANIZATION'S NAME							·
•	ou. ortoravieri in							
OR	66. INDIVIOUAL'S LAST	NAME		FIRS. NAME		MIDDLE NAME		SUFFIX
7. (	CHANGED (NEW) OR AL		N:	- 4)	×,			
OR	7b, INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX
7c.	MAILING ADDRESS			CITY	0,	STATE POST	AL CODE	COUNTRY
7d.	SEE INSTRUCTIONS	ADD'L INFO RE 76 ORGANIZATION DEBTOR	B. TYPE OF ORGANIZATION	7f. JURISDICTION OF OR	GANIZATION	rg. GRGANIZAT	IONAL ID #, if any	NONE
8. /	AMENDMENT (COLLA	TERAL CHANGE):	check only <u>one</u> box.  r give entire restated collater	al description, or describe co	llateral assigned.	Ç		
<b>9.</b>	adds collateral or adds the 9a, ORGANIZATION'S N	authorizing Debtor, or IAME	RD AUTHORIZING THIS AM if this is a Termination authorized	ENDMENT (name of assignd by a Debtor, check here	or, if this is an Assignmer and enter name of DEBT	nt). If this is an Am TOR authorizing ti	endment authorized by his Amendment.	y a Debtor which
OR	9b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE NAME		SUFFIX
	Op. INDIVIDUAL O LAGI	1 v. 17810m						
10.	L OPTIONAL FILER REFER	ENCE DATA			··········			

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## **EXHIBIT A LEGAL DESCRIPTION**

LOTS 1, 2, 3, 4, 5, 6 AND 7 IN THE SUBDIVISION OF THE WEST 1/3 OF LOT 3 IN WILSON, HEALD AND STEBBING'S SUBDIVISION OF THE EAST ½ OF THE SOUTHWEST 1/4 OF SECTION 15, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPTING FROM SAID LAND THAT PART THEREOF TAKEN FOR INDIANA AVENUE) IN COOK COUNTY, ILLINOIS.

Sumber: 21

Cook County Clark's Office Common Address: 6015-31 South Indiana Avenue, Chicago, Illinois 60637

Permanent Inde: Number: 20-15-309-002-0000