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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 Doc#: 1125534004 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 09/12/2011 08:25 AM Pg: 1 of 2

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CT Lien Solutions	2970862	6 '			
P.O. Box 29071	20.0002	.			
Glendale, CA 91209-9071	ILIL				
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0010939362 10/10/31 C	C IL Cook+			to be filed [for record REAL ESTATE REC	ATEMENT AMENOMENT is] (or recorded) in the ORDS.
12.tumotriotti	ing Statement identified above is				
continuation: Effectiveness of the Fir and continued for the additional period provided by an a	ing Statement identified above which ble law.	with respect to the security	interest(s) of the Secure	d Party authorizing this Con	tinuation Statement is
X ASSIGNMENT (FULL or partial): Give nan		7h and address of ass	ionee in 7c; and also	nive name of assignor in	item 9
MENDMENT (PARTY INFORMATION): This Ar			of record. Check only or	***************************************	iteirr 9.
Also check one of the following three boxes and	provide approuriate inform	nation in items 6 and/or	7.	_	
CHANGE name and/or address: Give current recording name (if name change) in item 7a or 7b and/or new			E name: Give record nan eleted in item 6a or 6b.		plete item 7a or 7b. and also oplete items 7d-7g (if applicable)
CURRENT RECORD INFORMATION:				•	
6a, ORGANIZATION'S NAME	9	4			
				IMPRIE ANALE	LOUEEN
6b, INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME		——————————————————————————————————————	•		
US BANK NATIONAL ASS	COCIATION		1/-		
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29708626 Debtor Name: Munson Family Limited Partnership Munson Family Limited Partnership

3000017323 - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

Prepared by CT Lien Solutions, P.O. Box 29071 Glendale, CA 91209-9071 Fel (800) 331-3282

1125534004 Page: 2 of 2

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	CC FINANCING STATEMI		IT ADDENDUM	
11.	INITIAL FINANCING STATEMENT F	ILE # (same as item 1a on Amer	ndment form)	
00	10939362 10/10/01	CC IL Cook+		
12.1	NAME of PARTY AUTHORIZING THIS AN	ENDMENT (same as item 9 on Ame	endment form)	
,,	FEDERAL DEPOSIT	INSURANCE CO	RPORATION, A ^{same}	as item9.
•OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX	
13.	Use this space for additional inform	nation		
				THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

 ùFULL TEXT OF ITEM 9.
 FEDERAL DEPOSIT INSURANCE CORPORATION, AS RECEIVER FOR PULLMAN BANK AND TRUST COMPANY BY ITS AIF

Recorded Owner: COSMOPOLITAN BANK AND TRUST, AS TRUSTEE UNDER TRUST AGREEMENT DAKNOWN AS TRUST NUMBER 31283

Owner Address: 801 N CLARK, CHICAGO, IL, 60610

Description: STREET ADDRESS: 7201-7219 SOUTH YATES CITY: CHICAGO COUNTY: COOK TAX N 21-30-104-034-0000 LEGAL DESCRIPTION. LOTS 5 AND 6, (EXCEPT FROM EACH OF THE SAID LOT: EASTERLY 33 FEET TAKEN FOR PHILLIPS AVENUE AND EXCEPT THE SOUTH 2 FEET OF SAID LOT SOUTH SHORE SUBDIVISION OF THE NORTH FRACTIONAL 1/2 OF FRACTIONAL SECTION 30, TOWI RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, TOGETHER WITH A RESUBDIVISION OF LO' AND 128 OF DIVISION 1 OF WESTFALL'S SUBDIVISION OF DOUGLAS TRACT IN COOK COUNTY, ILLI 21-30-104-034-0000