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) 10656 PRIME ACCEPTAN 30361342 **CT Lien Solutions** P.O. Box 29071 II II

Doc#: 1130034008 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 10/27/2011 08:39 AM Pg: 1 of 2

			 '	THE ABOVE SPACE IS FOR FILING OFFIC	E USE ONLY
NITIAL FINANCING	STATEMENT FILE	# 00 !! 0 .		1b. This FINANCING STATE	MENT AMENDMENT is
0708910071				to be filed [for record] (or REAL ESTATE RECORD	
TERMINATION:				ty interest(s) of the Secured Party authorizing this	
	dditional period provided	d by and Japle law.		(s) of the Secured Party authorizing this Continua	ison Statement is
				and also give name of assignor in item 9.	
Also check one of the	e following three box	This Amendment affer a D D D D D D D D D D D D D D D D D D	ormation in items 6 and/or 7. Iso give new DELETE name:		item 7a or 7b, and also e items 7d-7g (if applicat
URRENT RECORD 6a. ORGANIZATION'S			10		
6b. INDIVIDUAL'S LAS	T NAME		FIRST NAM'_	MIDDLE NAME	SUFFIX
HASTINGS	3		COLDE'N		
HANGED (NEW) OF 7a. ORGANIZATION'S	R ADDED INFORMA NAME	ATION:	74.		
7b. INDIVIDUAL'S LAS	TNAME		FIRST NAME	MIDDLE NAME	SUFFIX
AAILING ADDRESS			CITY	STATE POSTAL CODE	COUNTRY
SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ÖRGANIZATION	7f. JURISDICTION OF ORGANIZ	ATION 7 OR GANIZATIONAL ID #, if	any
MENDMENT (COLL	ORGANIZATION DEBTOR ATERAL CHANGE	:): check only o <u>ne</u> box.	7f. JURISDICTION OF ORGANIZ		
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MENDMENT (COLL Describe collateral	ORGANIZATION DEBTOR ATERAL CHANGE deleted or adde	c): check only one box. Id, or give entire restated coll	lateral description, or describe colfa	an Assignment). If this is an Amendment authoriz	S NON S Y S N M A SC Y E Y INT
IAME OF SECURED adds collateral or adds	ORGANIZATION DEBTOR ATERAL CHANGE deleted or adde	C): check only one_box. cd, or give entire restated coll RD AUTHORIZING THIS AMER or if this is a Termination authorize	lateral description, or describe colfa	teral assigned.	S NON S Y S N M A SC Y E Y INT

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UCC FINANCING STATE FOLLOW INSTRUCTIONS (fro	MENT AMENDMENT of and back) CAREFULLY	IT ADDENDUM
	NT FILE # (same as item 1a on Amen	dment form)
0708910071 03/30/		
12. NAME of PARTY AUTHORIZING TH	S AMENDMENT (same as item 9 on Ame	endment form)
PRIME ACCEPTA	ANCE CORP.	
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
13. Use this snace for additional i	nformation	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: BLOCKS27-42 DAUPHIN PARK SECOND ADD TOWNSHIP 37 RANGE 14 SECTION 03. Parcel ID: 25-03-209-037-0000