FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-3282 Fax (818) 662-414				
B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address)	15795 BAYVIEW SERVIC			
CT Lien Solutions	33480389			
P.O. Box 29071 Glendale, CA 91209-9071	ILIL FIXTURE			

		A 91209-9071					
	1		FIXTUF	RE 1	:		
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	718603095		CC IL Cook			to be filed [for record] (REAL ESTATE RECO	TEMENT AMENDMENT is (or recorded) in the IRDS.
	TERMINATION:		Fir ancing Statement identified abov				
[X		ditional period provided					
			name of assume a mem 7a or 7th		assignee in 7c; and also gured Party of record. Check or		9.
	Iso check <u>one</u> of the	following three box	This Amendment affects Deletes and provide appropriate infonent record name in item 200 or 50, also difor new address (if address the pe	mation in items (•	iname — ADD name: Compl	lete item 7a or 7b. and also slete items 7d-7g (if applica
	RRENT RECORD I			4			· · · · · · · · · · · · · · · · · · ·
6	a. ORGANIZATION'S I	NAME	•				
61	b. INDIVIDUAL'S LAST	NAME		FIRSTMAME		MIDDLE NAME	SUFFIX
١,	QUINTANA			ARTUR.	Ó.,		
	IANGED (NEW) OR		ATION:		/)		····
	a. ORGANIZATION'S I				12		
7	'b. INDIVIDUAL'S LAST	T NAME		FIRST NAME	C	MIDDLE NAME	SUFFIX
MA	AILING ADDRESS			CITY	<u> </u>	STATE POSTAL CODE	COUNTRY
. <u>SE</u>	E INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTI	ON OF ORGANIZATION	7(CRGANIZATIONAL ID#	#, if any
AN	MENDMENT (COLL	ORGANIZATION DEBTOR ATERAL CHANGE	7e. TYPE OF ORGANIZATION): check only one box. d, or give entire restated collar			0.	
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NA a	AME OF SECURED adds collateral or adds 199. ORGANIZATION'S	ORGANIZATION DEBTOR ATERAL CHANGE deleted or added Added ATERAL CHANGE deleted or added ATERAL CHANGE deleted or added	check only one box. In the desire of the control o	teral description,	or describe collateral ass	ent). If this is an Amendment author	S A S A S A S A S A S A S A S A S A S A

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

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

1215919096 Page: 2 of 3

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11.	INITIAL FINANCING STATEME	NT FILE # (same as item 1a on Ame	endment form)				
07	18603095 07/05/	07 CC IL Cook					
12.	NAME of PARTY AUTHORIZING TH	IS AMENDMENT (same as Item 9 on Ar	nendment form)				
00	BAYVIEW LOAN SERVICING, LLC						
OR	12b, INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
	I .						

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: SEE ATTACHED. Parcel ID: 20-06-4225-015 (VOL. 0415)

1215919096 Page: 3 of 3

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EXHIBIT A

LEGAL DESCRIPTION

Legal Description: LOT 30 IN BLOCK 2 IN SCHLESINGER'S SUBDIVISION OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 6, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index #'s: 20-06-422-015 (Vol. 0415)

Aroberty of Cook County Clark's Office Property Address: 1758 West 47 Street, Chicago, Illinois 60609

OrderNo: 1