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		Doc#: 122621010; Eugene "Gene" Moote	2 Fee: \$40.00 AHSP Fee:\$10.00 of Deeds
	· •	Cook County Recorder 09/18/2012 03:19	3 PM Pg: 1 of 2
, ,		THE ABOVE SPACE IS FOR FILING O	
INITIAL FINANCING STATE JEN T FILE #	CC II. Cook		ATEMENT AMENDMENT is [] (or recorded) in the
		P REAL ESTATE REC	ORDS.
CONTINUATION: Effectiveness of the Fir	ining Statement identified above with respect to the s		
CHANGE name and/or address: Give current rename (if name change) in item 7a or 7b and/or current RECORD INFORMATION: 6a ORGANIZATION'S NAME CASSIDY BROTHERS, I	new address (if address c ange) in item 7c.	DELETE name: Give record name ADD name: Com tem 7c; also com	plete item 7a or 7b, and also plete items 7d-7g (if applicabl
6b. INDIVIDUAL'S LAST NAME	FIPST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION TO THE ORGANIZATION'S NAME	DN:	2	
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	СІТУ	STATE POSTAL COD	E COUNTRY
ORGANIZATION	e. TYPE OF ORGANIZATION 7f. JURISDICTION	OF ORGANIZATION 170 ORGANIZATIONAL ID	#, if any
		lescribe collateral assigned.	S x P 2 S x
	LLOW INSTRUCTIONS (front and backname & PHONE OF CONTACT AT FILER (optional Phone (800)) SEND ACKNOWLEDGEMENT TO: (Name and Mail Phone (800)) SEND ACKNOWLEDGEMENT TO: (Name and Mail Phone (800)) SEND ACKNOWLEDGEMENT TO: (Name and Mail Phone (800)) CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 INITIAL FINANCING STATE MENT FILE # 1106834050 03/05/11 X TERMINATION: Effectiveness of the Fine Continued for the additional period provided by CONTINUATION: Effectiveness of the Fine Continued for the additional period provided by CONTINUATION: General Phone (100) (100) ASSIGNMENT (full or partial): Give name AMENDMENT (PARTY INFORMATION): This Also check one of the following three boxes and CHANGE name and/or address: Give current in name (if name change) in item 7a or 7b and/or CURRENT RECORD INFORMATION: GASSIDY BROTHERS, I Go. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION To INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION To INDIVIDUAL'S LAST NAME The INDIVIDUAL'S LAST NAME AMENDMENT (COLLATERAL CHANGE): c	CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 ILIL FIXTURE INITIAL FINANCING STATE JEP T FILE # 1106834050 03/05/11 CC IL Cook TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the secontinued for the additional period provided by a picable law. ASSIGNMENT (full or partial): Give name of at signee in item 7a or 7b and address of assignment (funding lamber) (Farty Information): This Amendment affects Debtor or Secured Also check one of the following three boxes and provide ap propriate information in items 6 and CHANGE name and/or address. Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address of ange) in item 7a or 7b and/or new address of ange) in item 7a or 7b and/or new address of ange) in i	ASSIGNMENT (full or partial): Give name of a signified above sit termination with respect to the security interest(s) of the Secured Party authorizing this Concordinator for Chanket and period provided by a placeble law. ASSIGNMENT (full or partial): Give name of a signified above with respect to the security interest(s) of the Secured Party authorizing this Concordinator (party interest) of the Secured Party authorizing this Concordinator (party interest) of the Secured Party authorizing this Concordination in Items 6 and for 7. ASSIGNMENT (full or partial): Give name of a signified in item 7a or 7b and address of assignee in 7c; and also give name of assignor in item MENDMENT (party interests) in the respect to the security interests (a) of the Secured Party authorizing this Concordinate for the additional period provided by a placeble law. ASSIGNMENT (full or partial): Give name of a signified in item 7a or 7b and address of assignee in 7c; and also give name of assignor in item MENDMENT (party interests) in the respect to the security interests (a) of the Secured Party authorizing this Concordinate for the additional period provided by a placeble law. ASSIGNMENT (full or partial): Give name of a signification item 7a or 7b and address of assignee in 7c; and also give name of assignor in item MENDMENT (party interests) and the secured party of record, Check only one of the secured party of record, Check only one of the secured party of record name in full of set 8b, assignment of the secured party of record name in full of set 8b, assignment of the secured party of record name in full of set 8b, assignment of the secured party of record name in full of set 8b, assignment of the secured party of record name in full of set 8b, assignment of the secured party of record name in full of set 8b, assignment of the secured party of record name in full of set 8b, assignment of the secured party of record name in full of set 8b, assignment of the secured party of record name in full of set 8b, assignment of the se

adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment 9a. ORGANIZATION'S NAME US BANK NATIONAL ASSOCIATION SUFFIX MIDDLE NAME 9b. INDIVIDUAL'S LAST NAME FIRST NAME

10. OPTIONAL FILER REFERENCE DATA 34724742 Debtor Name: Cassidy Brothers, Inc. Cassidy Brothers Inc. 3000061775

1226210102 Page: 2 of 2

UNOFFICIAL COPY

UC	C FINANCIN	G STATEME	_{NT} AMENDMEN	IT ADDENDUM			
FO	LOW INSTRUC	TIONS (front and	d back) CAREFULLY				
11.	NITIAL FINANCIN	G STATEMENT FIL	E # (same as item 1a on Amen	dment form)			
11	06834050	03/09/11	CC IL Cook				
12. P	AME of PARTY AUT	HORIZING THIS AME	NDMENT (same as item 9 on Ame	endment form)			
	US BANK NATIONAL ASSOCIATION						
OR	12b. INDIVIDUAL'S I	AST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
13.	Use this space for	additional inform	ation	1			

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Debtor Name and Address Cassidy Brothers, Inc. 5250 N Michigan Ave , Rosemont / 60018 Secured Party Name and Address:
US BANK NATIONAL ASSOCIATION - 400 CITY CENTER, OSHKOSH, WI 54901

Recorded Owner: Cassidy Brothers Inc

Owner Address: 5250 N Michigan Ave, Rosemant, I., 60018
Description: THE NORTH 100 FEET OF THAT PART OF LOT 1 LYING WEST OF A LINE 200 FEET (AS MEASURED ALONG THE NORTH LINE) EAST OF AND PARALLEL TO THE £A ST LINE OF MOUNT PROSPECT ROAD IN NUZZO'S SUBDIVISION OF PART OF THE NORTHWEST FRACTIONAL QUARTER OF SECTION 19, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THE FOF, RECORDED AUGUST 17, 1965, AS DOCUMENT NO. 19560126 IN COOK COUNTY, ILLINOIS The Real Property or its address is commonly known as 441 S. County Line Road, Franklin Park, IL 60131. The real Property tax identification number is 12-19-10-0/3-0000. Parcel ID: 12-19-100-073-0000 Om.
JI3-0c