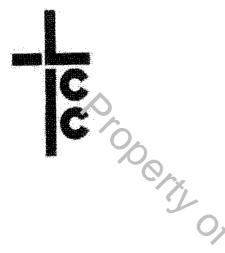
Doc#: 1306734090 Fee: \$60.00 Karen A. Yarbrough RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 03/08/2013 02:31 PM Pg: 1 of 2



Lawndale Community Church

3827 W. Ogden Ave. • Chicago, IL 60623 Phone: (773) 762-6389 • Fax: (773) 762-5772 www.lawndalechurch.org

N(ITICE OF FEDERAL INTEREST

On April 24, 2012, the Health Rescuries and Services Administration awarded Grant No. C8BCS23907 to the Lawndale Chilipan Health Center. The grant provides Federal funds for renovating 4,500 square feet of 7, 20 year old clinical area at LCHC's largest site which is located on the property described below in Cook County, State of Illinois:

Legal Description:

LOTS 30 THRU 40 INCLUSIVE IN PARTITION OF THE WEST 60 ACRES NORTH OF SOUTHWESTERN ROAD OF THE SOUTHWEST 1/4 OF SECTION 23, TOWNSHOP 39 NORTH, PANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS (COMMONLY L'NOWN AS 3848-3860 W. OGDEN.) (Western Portion of 3860 Building)

Property Index Numbers: 1623-319-047-0000

Property Address: 3860 W Ogden Avenue, Chicago, IL 60623

The Notice of Award for this grant includes conditions on use of the aforementioned property and provides for a continuing Federal interest in the property. Specifically, the property may not be (1) used for any purpose inconsistent with the statute and any program regulations governing the award under which the property was acquired; (2) mortgaged or otherwise used as collateral without the written permission of the Associate Administrator, Office of Federal Assistance Management (OFAM), Health Resources and Services Administration (HRSA), or designee; or (3) sold or transferred to another party without the written permission of Associate Administrator, Office of Federal Assistance Management (OFAM), Health Resources and Services Administration (HRSA), or designee. These conditions are in accordance with the statutory provisions set forth in Patient Protection and Affordable Care Act of 2010, Title X, Section 10503, P.L. 111-148, Title 45 CFR part 74 or 92 (as appropriate), the HHS Grants Policy Statement, and other terms and conditions of award.

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These grant conditions and requirements cannot be nullified or voided through a transfer of ownership. Therefore, advance notice of any proposed change in usage or ownership must be provided to the Associate Administrator, Office of Federal Assistance Management (OFAM), Heal'n Resources and Services Administration (HRSA), or designee.

Signature: Wall

Typed Name: Wayne Gordon

Title: Pastor

Doto: 19/18/12

Phone: 773-762-8389

OFFICIAL SEAL DAMMAN ALBERT Notary Public - State of Minois My Commission Expires Dec 20, 2011

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DAMMAN ALBERT
Metary Public - State of Minole