## **UNOFFICIAL COPY**

				1433708127			
UC	C FINANCING STATEMENT AMENDMENT LOW INSTRUCTIONS		Doc#: 1433708127 Fee: \$40.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00				
A. NAME & PHONE OF CONTACT AT FILER (optional)  UCC COORDINATOR (813) 490-3400  B. E-MAIL CONTACT AT FILER (optional)			Karen A. Yarbrough  Cook County Recorder of Deeds  Date: 12/03/2014 11:51 AM Pg: 1 of 2				
C.S.	END ACKNOWLEDGMENT TO: (Name and Address)						
	ISPC 1115 GU'M' HWY STE 100 ODESSA FL 33556-5324					or ou v	
			This FINANCIN	G STATEMENT	FILING OFFICE US	اجتبت فلسين والمساول	
1a. I	NITIAL FINANCING STATEMENT, FLE VIONBER C#1233322025, REC'D 11/28/2012	1b. 🔀	(or recorded) in Filer: <u>attach</u> Amen	the REAL ESTA Iment Addendum (Fo	TE RECORDS vm UCC3Ad) <u>and</u> provide De	obtor's name in item 13	
2.	TERMINATION: Effectiveness of Lie Financing Statement identified above is					ermination Statement	
3.	ASSIGNMENT (full or pertial): Provide name of a ssignee in item 7a or 7b, are For partial assignment, complete items 7 and langle 3 indicate affected collate.	terariii iteiii o					
4.	CONTINUATION: Effectiveness of the Financing Stateem dentified above continued for the additional period provided by applicable law	with respect to the securit	y interest(s) of Sec	ured Party author	nzing this Continuation	Statement is	
5.	PARTY INFORMATION CHANGE:						
	Check one of these two boxes:  AND Check one of these two boxes:  AND Check one of these two boxes:		<b>-</b>		05/555	. Give record name	
	this Change arrects: Debits by sactions at a state file file file file file file file fil		7a or 7b, and ite	: Complete item m 7c	to be deleted in item		
6.	CURRENT RECORD INFORMATION: Complete for Party Information Change - 6a. ORGANIZATION'S NAME	rovide only one name (6a	or 6b)				
OR	FARROW	FIRST PERSONAL NAME ELIZABETH			NAME(S)/INITIAL(S)	SUFFIX	
7.	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Ct. 7a. ORGANIZATION'S NAME	nange - provide only on hame (	7a or 7h1 (use exact, fi	si name; do act omit,	modify, or abbreviate any pa	if of the Debtor's name)	
OR	7b. INDIVIDUAL'S SURNAME		0				
	INDIVIDUAL'S FIRST PERSONAL NAME			0			
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX	
7c.	MAILING ADDRESS 15636 117TH AVE	CITY ORLAND PARK			71AF 300E 4075304	COUNTRY	
8.	COLLATERAL CHANGE: Also check one of these four boxes: ADD collater	ral DELETE collate	eral REST	ATE covered coll	sterai [ ] / SSIGN	collateral.	
W	Indicate collateral ater Conditioner Equipment		1 (53))	e (Citae (C)	M 115 M LANS ( T 1 AM) 1	186   186	
9.	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	NDMENT: Provide only	one name (9a or 9	(name of Assi	gnor, if this is an Assign	ment)	
	If this is an Amendment authorized by a DEBTOR, check here and provide name 9a. ORGANIZATION'S NAME ISPC	of authorizing Debtor	<del>,</del>				
OR	96 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	E .	ADDITIONAL NAI	ME(S)/INITIAL(S) SI	JEFIX	
10.	OPTIONAL FILER REFERENCE DATA COOK IL ISPC# 1034663 FARROW, ELIZABETH		······································			····	
	COOK IL TOPON TONOUS TAKKOVY, ELIZABETT	<del></del>	International /	Association of C	Commercial Administ	trators (IACA)	

1433708127 Page: 2 of 2

## **UNOFFICIAL COPY**

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