UNOFFICIAL COPY

		1525849257		
UCC FINANCING STATEMENT AMEND FOLLOWINSTRUCTIONS	MENT	Doc#: 1505049057 RHSP Fee:\$9.00 RPRF F Karen A.Yarbrough		
A. NAME & PHONE OF CONTACT AT FILER (optional) 708-656-0100 JOSEPHINE P ANDERS		Cook County Recorder o		
B. E-MAIL CONTACT AT FILER (optional)		Date: 02/19/2015 02:11 F	PM Pg: 1 of 1	
janders@providencebank.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
PROVIDENCE BANK, LLC 5225 WEST 25TH STREET	7			
CICERO, ILLINOIS 60804				
1a. INITIAL FINANCING STATEMENT FILE NUMBER	11b. (. Z) This FINANCING	VE SPACE IS FOR FILING OFFICE L STATEMENT AMERICAN IS to be filed	SE ONLY	
1305833054 02/27/2013 CO IL COOK	Files ettach America	IN MENT ESTATE RECORDS		
 TERMINATION: Effectiveness of the Figure 1 ag Statement identification. 	ied above is terminated with respect to the securit	ty interest(s) of Secured Party authorizing	this Termination	
3. ASSIGNMENT (full or partial): Provide name of spic ago in them	7 7'			
	THE TAXABLE OF THE COLUMN			
 CONTINUATION: Effectiveness of the Financing Stateme it iden continued for the additional period provided by applicable law 	fied above with respect to the security interest(s)	of Secured Party authorizing this Contin	uation Statement is	
5. PARTY INFORMATION CHANGE:				
	Heck or a r. these three boxes to:			
This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information 6. ORGANIZATIONS NAME		DD name: Complete itemDELETE name a or 7b, and item 7cto be deleted	ne: Give record name in item 6a or 6b	
6a. ORGANIZATION'S NAME	n Change - prc /ide only one name (6a or 6b)			
OR 6b. INDIVIDUAL'S SURNAME				
and the state of t	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party 7a. ORGANIZATION'S NAME	Information Change - provide only one name (a or 7h) (manage)	et full namer de not enit - diff.		
PROVIDENCE BANK & TRUST		or, roll marine, do not omit, modify, or appreviate any pa	it of the Debtor's name)	
OR 7b. INDIVIDUAL'S SURNAME		9-		
INDIAGOLALIO	,	74.		
INDIVIDUAL'S FIRST PERSONAL NAME		7,0		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				
		U/Sc.	SUFFIX	
7c. MAILING ADDRESS 630 E 162ND STREET, PO BOX 706	CITY	STATE POSTAL CODE	COUNTRY	
8. COLLATERAL CHANGE: Also check one of these four boxes:	SOUTH HOLLAND	IL 60473	USA	
Indicate collateral:	ADD collateral DELETE collateral		ASSIGN collateral	
LOTS 26, 27 AND 28 (EXCEPT THE NORTH 8 FE THE NORTH HALF OF THE SOUTH HALF OF T	EET THEREOF) IN BLOCK 5 IN	OAKWOOD, A SURDIVIS	SION OF	
THE NORTH HALF OF THE SOUTH HALF OF T NORTH, RANGE 14 EAST OF THE THIRD PRIN P.I.N. 20-22-220-050-0000 AKA 6555 6550 S.S.T. L	THE NORTHEAST QUARTER C	OF SECTION 22, TOWNSH	IP 38	
C	ASSELS INCLUDING DUTING	f LIMITED TO FURNISHI	NGS AND	
The state of the s	THELLUDES FIXTURES			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment authorized by a DEBTOR, check here and provi	S AMENDMENT: Provide only one name (9a or 9 ide name of authorizing Debtor	(name of Assignor, if this is an Assignme	ent}	
9a. ORGANIZATION'S NAME				
OR St. INDIVIDUAL'S SURNAME	EIRET DEBCOMM AVVI			
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
10. OPTIONAL FILER REFERENCE DATA: 181668752	<u>. </u>			
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