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ICC	FINA	MCING	STATEMEN	T AMENDMENT	•
$\cdot \cdot \cdot$	1 1117/	117011170	SIAILIILI	I AITILITUITILITI	

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolte	erskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	25696 - HEARTLAND
CT Lien Solutions	47476747
P.O. Box 29071 Glendale, CA 91209-9071	ILIL
	FIXTURE
File with: Cook II	



Doc#: 1509939019 Fee: \$42.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds

Date: 04/09/2015 08:53 AM Pg: 1 of 3

- 1						
	File with: Cook, IL		THE ABOVE SPA	CE IS FOR FILING O	FFICE USE ON	ILY
	NITIAL FINANCING STATEMEN FILE NUMBER 26418032 9/21/2010 CC I'. Crok]1	b. This FINANCING STATES (or recorded) in the REAL Filer: attach Amendment Add	. ESTATE RECORDS		
:. [TERMINATION: Effectiveness of the Firence, Statement identified above is Statement	s terminated with				
). [ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, are For partial assignment, complete items 7 and 9 and all o in licate affected co		signee in item 7c <u>and</u> name of As	ssignor in item 9		
. [<u>></u>	CONTINUATION: Effectiveness of the Financing Statement identifual above continued for the additional period provided by applicable law	with respect to the	ne security interest(s) of Secured	Party authorizing this Co	ntinuation Statem	ent is
j. [PARTY INFORMATION CHANGE:					
C	neck one of these two doxes:	of these three boxe				
T	his Change affects Debtor or Secured Party of record item 6a	آج .iame and/or ac a ⊌r .ib; <u>and</u> item 7a			LETE name: Give r se deleted in item 6a	
. ÇI	URRENT RECORD INFORMATION: Complete for Party Information Change -	provide unly one	name (6a or 6b)			
1	6a. ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·			
	WOODBRIDGE BUILDING, L.L.C.		,			
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONA	LP AME	ADDITIONAL NAME(S)/INI	TIAL(S) SU	IFFIX
			1/X,		ŀ	
7. C	HANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Cha	ange - provide only <u>o</u>	ne name (7a 📆 o) (use exact, full name;	do not cmit, modify, or abbreviat	e any part of the Debto	r's name)
- 1	7a. ORGANIZATION'S NAME					
R	7b. INDIVIDUAL'S SURNAME		C/2	۷.		
	INDIVIDUAL'S FIRST PERSONAL NAME			S		
	INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)			0/50	SU	IFFIX
7c.	MAILING ADDRESS	CITY		STATE POSTAL COST	000	DUNTRY
. T	COLLATERAL CHANGE: Also check one of these four boxes;) collateral	DELETE collateral R	RESTATE covered collate	ral ASSIC	SN collateral
	Indicate collateral:	, , , , , , , , , , , , , , , , , , , ,		COTTAL GOTORGO CONSTR		ni oonatora
	macate conateral.					

9, NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor					$\mathcal{I}^{\mathcal{V}}$
"	9a. ORGANIZATION'S NAME Housing & Healthcare Finance, LLC	and provide value of aduloizing books.		- M	=N
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX	
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: WOODBRIDGE BUILDING, L.L.C.					

47476747 370022150/EF 370022150

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



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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOL	LOW INSTRUCTIONS					
	NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendi 6418032 9/21/2010 CC IL Cook	ment form]			
	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Am	endment form	-			
	12a. ORGANIZATION'S NAME		7			
	Housing & Healthcare Finance, LLC		1			
OR	12b. INDIVIDUAL'S SURNAME		_			
	120. NUMBER OF STREET					
	FIRST PERSONAL NAV.]			
	ADDITIONAL NAME(SYINITIAL S)	SUFFIX				
			THE ABOVE SPACE IS FOR FILING OFFICE			
13.	Name of DEBTOR on related financing statemer: (Name of a current Debtor of one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abl	record required for indexin previate any part of the De	g purposes only in some filing offices - see instruction it btor's name); see Instructions if name does not fit	am 13): Provide only		
	13a, ORGANIZATION'S NAME WOODBRIDGE BUILDING, L.L.C.					
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX		
WC Sec Hou	14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): Debtor Name and Address: WOODBRIDGE BUILDING, L.L.C 3359 MAIN STREET, SKOPTE, "_ 60077 Secured Party Name and Address: Housing & Healthcare Finance, LLC - 4445 Williard Avenue, Chevy Chase, MD 20815 15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate:					
	covers timber to be cut covers as-extracted collateral is filed a Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):	OF REA	(HIBIT "A" ATTACHED HERETO FOR LEGA AL PROPERTY. ID: 17-015-0000, 13-35-217-016-0000, 13-35-21			
18.	MISCELLANEOUS: 47476747-IL-31 25696 - HEARTLAND BANK Housin	g & Healthcare Finance, LLC	File with: Cook, IL 370022150/EF 370022150			

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EXHIBIT A

LOTS 2, 3 AND 4 IN BLOCK 6 IN SHIPMAN, BILL AND MERRILL'S SUBDIVISION OF THE EAST HALF OF THE NORTHEAST QUARTER OF SECTION 35, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

224c CHICAGO, IR. 13-35-217-015-0000 13-35-217-016-0000 13-35-217-017-000 2242 N. KEDZIE BOULEVARD CHICAGO, IL 60647

Diff Clark's Office