UNOFFICIAL COPY

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				.Yarbrough		
LICC FINANCING	STATEMENT AMEND	MENT		ounty Recorder of De		
FOLLOW INSTRUCTIONS			Date: 05	5/11/2015 08:54 AM	Pg: 1 01 1	
A. NAME & PHONE OF CONTACT	AT FILER [optional]					
Kaitlyn Sportel						
B. E-MAIL CONTACT AT FILER (or	otional)					
kaitlyns@prinsbank.co						
C. SEND ACKNOWLEDGMENT TO:	·					
	Kaitlyn Sportel	1				
7	PO BOX 38					
	Prinsburg, MN, 56281		THE ABOVE S	PACE IS FOR FILING OFFICE	E USE ONLY	
a. INITIAL FINANCING STATEME	VT FILE #			ENDMENT is to be filed (for i	record]	
1124334022			rded) in the REAL ESTATE Amendment Addend <u>um (Fo</u>	rm UCC3Ad) and provide De	sbtor's name in it	em 13
	ss of the Finsitting Statement identified abo	we is terminated with respect to the sec	curity interest(s) of Secured	Party authorizing this Termin	ation Statement.	
3. ASSIGNMENT (full or pa	artial): Provide nam of Assignee in lete items 7 and 9 and also Indic .ce aft cted	item 7a or 7b, and address of Assigne I collateral in Item 8	e in Item 7c and name of A	ssingor in item 9		
	ness of the Financing Statement identified a period provided by applicable law.	bove with respect to security interest(s) of the Secured Party auth	orizing this Continuation State	ement is	
5. PARTY INFORMATION CHAN	IGE:)/				لنستنتنينير
Check one of these two boxes:	AND Check	or.a (/ these three boxes to:				
This Change affects Debtor of	x Secured Party of record ite	IANG E nam , anu or address: Complet m 6a of 6', and Iem 7a or 7b and Ite	te ⊟ ADD name: Com nn 7c ⊟ 7a or 7b, and ite	nplete item DELETE name To be delete	me: Give record d in Item 62 or 61	name o.
CURRENT RECORD INFORM	MATION: Complete for Party Information C			4		
6a. ORGANIZATION'S NAME						
		95_				
66. INDIVIDUAL'S SURNAME		FIRST PERSONAL NA',E	ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX	
, CHANGED OR ADDED INFO	RMATION: Complete for Assignment or P	arty Information Change - provide only	r ne n. me (7a or 7b) (use	exact, full name; do not omit	, modify,	
or abbreviate any part of the De	btor's name)		<u>C</u> '			
7a. ORGANIZATION'S NAME			10 .			
	s XLVII Trust 2014-1					
OR 76. INDIVIDUAL'S SURNAME			T'			
			<u> </u>			
INDIVIDUAL'S FIRST PERS	SONAL NAME			0,0		
INDIVIDUAL'S ADDITIONAL	NAME(S)INITIAL(S)	•			SUFFIX	
/c. MAILING ADDRESS		CITY	STATE	POSTAL CUCE	COUNTRY	
PO BOX 38		Prinsburg	MN	56281	USA	
. COLLATERAL CHANGE: A	so check one of these four boxes: ADD	collateral DELETE collateral	RESTATE covered collaboration	eral XASSIGN collateral	<u> </u>	_
indicate collateral:	LEGAL DESCRIPTION:			• •		
	7135 W. WRIGHT AVENUE, CHICAG	O IL. 60707				
	PIN: 13-30-317-016-0000					
	LOTS 1 AND 2 IN BLOCK 5 IN V.M. V	VILLIAMS DIVERSEY AVENUE SUBDI	IVISION, BEING A SUBDIV	ISION OF		S
	THE NORTH ¼ OF THE WEST ½ OF T	HE WEST 1/3 OF THE SOUTHWEST 1/4	OF SECTION 30, TOWNS	HIP 40		O
·	NORTH, RANGE 13 EAST OF THE TH	IRD PRINCIPAL MERIDIAN, IN COOL	COUNTY, ILLINOIS.			_P
	OF RECORD AUTHORIZING THIS AM		(9a or 9b) (name of Assigno	ਸ, if this is an Assignment)		_
If this is an Amendment authorize	d by a DEBTOR, check here and provi	de name of authorizing Debtor				_S.
9a. ORGANIZATION'S NAME Greenchoice Bank						M
OR 96. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	TADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX	•
SU. INDIVIDUAL S SURNAME		THE PROPERTY OF THE PARTY OF TH	1		1	91

FILING OFFICE COPY— UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11)

10. OPTIONAL FILER REFERENCE DATA