UNOFFICIAL COPY

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LLOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER [optional] aitlyn Sportel E-MAIL CONTACT AT FILER (optional) aitlyns@prinsbank.com SEND-ACKNOWLEDGMENT TO: (Name and Address) Kaitlyn Sportel PO BOX 38 Frinsburg, MN, MN, 56. INITIAL FINANCING STATEMENT FILE * ILIGOUS ASSIGNMENT (full or partial): Provide naz. e. Assign For partial assignment, complete items 7 and 9 and also indicated continued for the additional period provided by applicable law. ARTY INFORMATION CHANGE:	320-978-6351 1bThis for Filer: attacted above is terminated with respect to the respect to	THE ABOVE S FINANCING STATEMENT AN ecorded) in the REAL ESTATE th Amendment Addendum (For	nty Recorder of Dei 1/2015 08:54 AM PACE IS FOR FILING OFFI IENDMENT is to be filed (for records) IENDMENT is to be filed (for records)	Pg: 1 of 1 CE USE ONLY Record] Debtor's name in item
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Shook and of these has been a				
	Check one of these three boxes to:	niete — ADD name: Co	mulata itan DELETE	ome Ohio mand and
This Change affects Debtor or Secured Party of record URRENT RECORD INFORMATION: Complete for Party Information	CHANC E name and/or address: Com item 6a of 6b and tem 7a or 7b and		om 7c DELETE n	ame: Give record named in Item 6a or 6b.
68. ORGANIZATION'S NAME	ation Change -) rovide one name (oa or t	50)		
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL MANE	(ADDITION OF THE PROPERTY OF T		1
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HANGED OR ADDED INFORMATION: Complete for Assignmen or abbreviate any part of the Debtor's name)	nt or Party Information Change - provide (only one name (7a or 7b) (use	exact, full name; do not on	nt, modify,
7a. ORGANIZATION'S NAME Greenwich Investors XLVII Trust 2014-1				
7b. INDIVIDUAL'S SURNAME				
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AILING ADDRESS BOX 38	CITY	STATE	POSTAL CODE	COUNTRY
	Prinsburg	MN	56281	USA
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PROPERTY ADDRESS: 691	5 W. ROOSEVELT RD BERWY	N ILLINOIS 6040	12	(
ALL ASSETS, INCLUDING BUT EQUIPMENT ON THE PREMISI	I NOT LIMITED TO FURNISH ES	ING, FIXTURES AND		
ME OF SECURED PARTY OF RECORD AUTHORIZING THIS this is an Amendment authorized by a DEBTOR, check here and	S AMENDMENT Provide only one name provide name of authorizing Debtor	ne (9a or 9b) (name of Assigno	r, if this is an Assignment)	
Da. ORGANIZATION'S NAME				
	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	JOHEEN
Greenchoice Bank, FSB b. INDIVIDUAL'S SURNAME	I LANGONAL NAME	ADDITIO	AME INTRECOPURITION	SUFFIX

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