UCC FINANCING STATEMENT AMENDMENT

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@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)
8839 - BCM

CT Lien Solutions
P.O. Box 29071
Glendale, CA 91209-9071

LIL
FIXTURE

File v (th. Cook, IL

Doc#: 1522415004 Fee: \$42.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 08/12/2015 08:15 AM Pg: 1 of 3

ı		FIXTURE 1			
L	File v (th. Cook, 1L		THE ABO	OVE SPACE IS FOR FILING OFFICE U	JSE ONLY
	IITIAL FINANCING STATEMENT FILE NUMBER 5541005 12/21/2005 CC IL COOK		(or recorded) in	G STATEMENT AMENDMENT is to be filed the REAL ESTATE RECORDS indiment Addendum (Form UCC3Ad) <u>and</u> provide De	
2. 🗌	TERMINATION: Effectiveness of the Finan sing Tatement	ent identified above is terminated with	h respect to the security	interest(s) of Secured Party authorizing this	Termination
3. [ASSIGNMENT (full or partial): Provide name of Assign For partial assignment, complete items 7 and 9 and 2 s	o 'nc" cate affected collateral in item	8		m+
4. 🛚	CONTINUATION: Effectiveness of the Financing Stater continued for the additional period provided by applicab	nent idr ntified above with respect to le law	the security interest(s) o	of Secured Party authorizing this Continuatio	n Statement is
	PARTY INFORMATION CHANGE: neck <u>one</u> of these two boxes: iis Change affects Debtor or Secured Party of recor	AND Check one of "lese three bo CHANG name and/or d item 6a in 6b; and item	address: Complete		ne: Give record name in item 6a or 6b
6. CU	IRRENT RECORD INFORMATION: Complete for Party In	nformation Change - provice only on	e name (6a or 6b)		
	6a. ORGANIZATION'S NAME JCG INDUSTRIES, INC			_	•
OR	6b. INDIVIOUAL'S SURNAME	FIRST PERSON	IAL MAME	ADDITIONAL NAME(SYMITIAL(S)	SUFFIX
7. CI	HANGED OR ADDED INFORMATION: Complete for Assignment	ent or Party Information Change - provide only	one name (7a or 7b) / - xa	act, full name; do not omit, modify, or abbreviate any part	of the Debtor's name)
	7a. ORGANIZATION'S NAME		()		•
OR	7b. INDIVIDUAL'S SURNAME			7	
=	INDIVIDUAL'S FIRST PERSONAL NAME	, ii. 4 10	L./JF	3	
ļ	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			755.	SUFFIX
7c, N	MAILING ADDRESS	CITY		STATE POSTAL CC DE	COUNTRY
8.	COLLATERAL CHANGE: Also check one of these Indicate collateral:	four boxes: ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral

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)

FIRST PERSONAL NAME

ADDITIONAL NAME(SVINITIAL(S)

L

SUFFIX

If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: JCG INDUSTRIES, INC

871065385

9a. ORGANIZATION'S NAME

OR 9b. INDIVIDUAL'S SURNAME

49228149

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UNOFFICIAL COPY

OLLOW INSTRUCTIONS INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendr			
	nent form		
535541005 12/21/2005 CC IL Cook			
2. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Ame	endment form		
12s. ORGANIZATION'S NAME THE LINCOLN NATIONAL LIFE INSURANCE COMPAN	ıv.		
THE LINCOLN NATIONAL LIFE INSURANCE CONFAN			
R 12b. INDIVIDUAL'S SURRAME			
12b. Holvidor Edistava III.			
FIRST PERSONAL NAME			
ADDITIONAL NAME(S)/INITIAL(-)	SUFFIX		
		THE ABOVE SPACE IS FOR FILING OFFICE US	E ONLY
3. Name of DEBTOR on related financing stater ent (vame of a current Debtor of one Debtor name (13a or 13b) (use exact, full r am .; do not omit, modify, or abbut 13a. ORGANIZATION'S NAME	record required for indexing purpo previate any part of the Debtor's n	ses only in some filing offices - see Instruction item ime); see Instructions if name does not fit	13): Provide on
JCG INDUSTRIES, INC			
R 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
CG INDUSTRIES, INC - 1300 W.HIGGINS ROAD , PARK RIDGF, ecured Party Name and Address: HE LINCOLN NATIONAL LIFE INSURANCE COMPANY - 1300 SC		FORT WAYNE, IN 46802	,
15. This FINANCING STATEMENT AMENDMENT:	17. Description of	Contico	

THE LINCOLN NATIONAL LIFE

18. MISCELLANEOUS: 49228149-IL-31 8839 - BCM

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Debtor: JCG INDUSTRIES, INC

Exhibit for Real Estate

17. Description of real estate:

Continued

AS DOCUMENT 0011050901, IN COOK COUNTY, ILLINOIS.

PROPERTY ADDRESS # 2155 N ROSE ST, FRANKLIN PARK, FRANKLIN,IL.

TAX PARCEL# 12341000470000 12341000480000

Parcel ID:

10004c Colling Clarks Office 12341000470000,12341000480000