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|------|---|---|--------------------------|-------------------------------------|-----------------------------|---------------------------------|----------------------------------|--------------|---|--|--|
| U | CC FINANCING STATEMENT AMENDMENT | Doc#: 1523019019 Fee: \$40.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00 | | | | | | | | | |
| _ | NAME & PHONE OF CONTACT AT FILER (optional) | | | | | | | | | | |
| | CC COORDINATOR (813) 490-3400 E-MAIL CONTACT AT FILER (optional) | | Co | tren A.Yarbr ook County F | Recorder of Dee | ds | | | | | |
| C. | SEND ACKNOWLEDGMENT TO: (Name and Address) | | D | ate: 08/18/20 |)15 08:55 AM P | g: 1 of 2 | | | | | |
| | I ISPC | ı | | | | | | | | | |
| | 1115 GUNN HWY STE 100 | | | | | | | | | | |
| | ODESSA FL 33556-5324 | 1 | | | | | | | | | |
| Ļ | INITIAL CIMANCIAL CTATEMENT FUEL (MARC | | | | STATEMENT AMENI | | | dl | | | |
| | INITIAL FINANCING STATEMENT FILE JUMBER DC # 0529755183, OCTOBER 24, 2, 95 | | 10. | (or recorded) in t | ne REAL ESTATE REC | CORDS | ŕ | • | | | |
| 2. | TERMINATION: Effectiveness of the Fir anding Statement identified above | e is terminated wi | ith respect to th | e security interes | t(s) of Secured Party a | uthorizing this | Termination St | atement | | | |
| 3. | ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 an palse in final affected collateral in item 8 | | | | | | | | | | |
| 4. | CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable lat | ve with respect to | the security in | iterest(s) of Secu | red Party authorizing th | nis Continuatio | on Statement is | | | | |
| 5. | PARTY INFORMATION CHANGE: | | | | | | | | | | |
| | Check one of these two boxes: AND Check one of the | three boxes to | : | _ | _ | _ | | | | | |
| | This Change affects: Debtor or Secured Party of record. CHANGE name item 6a or 6b; and ite | | | ADD name: 07a or 7b, and item | _ | DELETE nar be deleted in its | me: Give record n em 6a or 6b | ame | | | |
| 6. | CURRENT RECORD INFORMATION: Complete for Party Information Change 6a. ORGANIZATION'S NAME | - provide or i, an | e name (6a or | 6b) | <u> </u> | | · | | | | |
| OR | 6b. INDIVIDUAL'S SURNAME MCCRAVEN | FIRST PERSO | OKAL PAME | | ADDITIONAL NAME(S | S)/INITIAL(S) | SUFFIX | **** | | | |
| 7. | CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information 7a. ORGANIZATION'S NAME | Change - provide on | y <u>one</u> name (7a or | 7 ⁻ / (use exact, full n | ame; do not omit, modify, o | r abbreviate any | part of the Debtor's | name) | | | |
| OR | 78. URGANIZATION'S NAME | | | | | | <u> </u> | | | | |
| O, t | 7b. INDIVIDUAL'S SURNAME | | | | 4, | | | | | | |
| | INDIVIDUAL'S FIRST PERSONAL NAME | | \$ | | | | | | | | |
| | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | ··· | Ox | | SUFFIX | | | | |
| 7c. | MAILING ADDRESS 41 CHURN RD | CITY MATTESO | N | | STATE POSTAL CO | | COUNTI | RY | | | |
| 8. | COLLATERAL CHANGE: Also check one of these four boxes: ADD collate | eral DELI | ETE collateral | RESTATI | covered collateral | ASSIGN | N collateral. | | | | |
| W | Indicate collateral ater Conditioner Equipment | | | | • | | | | | | |
| | • • | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 9. | NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME | NDMENT: Pr | ovide only <u>ane</u> | пате (9a or 9b) (| name of Assignor, if th | nis is an Assigr | nment) | - | 7 | | |
| | If this is an Amendment authorized by a DEBTOR, check here and provide name 9a. ORGANIZATION'S NAME | of authorizing D | ebtor | | | | *** | Р_ | 2 | | |
| OR | ISPC 9b. INDIVIDUAL'S SURNAME | FIRST PERSO | NAI NAME | 1 400 | ITIONAL MANGEOVER | TIAL(S) | LIEELY | S_ | H | | |
| | | ING! FEROU | HAL MANIE | ADD | ITIONAL NAME(\$)/IN | ITAL(S) S | UFFIX | M | И | | |
| 10. | OPTIONAL FILER REFERENCE DATA COOK IL ISPC# 613865 MCCRAVEN, TOM | | | - | | | | SC | 4 | | |
| | | | Int | ernational Ass | ociation of Commer | cial Adminis | trators (IACA) | | 4 | | |

1523019019 Page: 2 of 2

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| UC | C FINANCING STATEMENT AMEN | IDMENT ADDEN | DUM | | | | | | | | |
|---|---|--|--|---|-------------------|--|--|--|--|--|--|
| 11. [| OW INSTRUCTIONS NITIAL FINANCING STATEMENT FILE NUMBER: Sa | | | | | | | | | | |
| | C # 0529755183, OCTOBER 24, 2005 IAME OF PARTY AUTHORIZING THIS AMENDMENT | | | | | | | | | | |
| | 12a. ORGANIZATION'S NAME | . Same as item 9 on Amendment in | orm : | | | | | | | | |
| | ISPC | | | | | | | | | | |
| | | | | | | | | | | | |
| OR | 12b. INDIVIDUAL'S SURNAME | | | | | | | | | | |
| | FIRST PERSONAL NAME | | | | | | | | | | |
| | ADDITIONAL NAME(S)/INITIAL S) | SUF | FIX | | | | | | | | |
| | | | THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY | | | | | | | | |
| 13. Na <u>or</u> | ame of DEBTOR on related financing statem of [Name ne Debtor name (13a or 13b) (use exact, full name; do not omit, | of a current Debtor of record require, modify, or abbreviate any part of the | ed for indexing purposes only in e Debtor's name); see Instructio | some filing offices - see Instruction item as if name does not fit | 13): Provide only | | | | | | |
| 13 | Sa. ORGANIZATION'S NAME |)x | 1 (1) | | | | | | | | |
| OR 1 | Bb. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAI | VE , | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | | | | | |
| 14. A | ADDITIONAL SPACE FOR ITEM 8 (Collateral): | | | | | | | | | | |
| COO | K IL IŞPC# 613865 | Of | | | | | | | | | |
| DERT | • | AVEN | | | | | | | | | |
| DEBTOR AND OR RECORD OWNER: TOM MCCRAVEN | | | | | | | | | | | |
| SECL | JREĎ PARTY: ISPC | | 4hx | | | | | | | | |
| | | | 9 | | | | | | | | |
| | | | | | | | | | | | |
| | COOK IL. IŞPC# 613865 DEBTOR AND OR RECORD OWNER: TOM MCCRAVEN SECURED PARTY: ISPC | | | | | | | | | | |
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| | | | | -(1) | | | | | | | |
| 15. | This FINANCING STATEMENT AMENDMENT: | 52 | 17. Description of real estate: | | | | | | | | |
| | covers timber to be cut covers as-extracted collateral Name and address of a RECORD OWNER of real estate descr | | PARCEL ID. 31 17 111 010 1005, LOT 1005, BLOCK 111, COUNTRY | | | | | | | | |
| (if Debtor does not have a record interest): TOM MCCRAVEN | | | HOMES CREEKSIDE : COUNTY, ILLINOIS | 5 + 6, TWP 35, RGE 13, SEC | 17 IN COOK | | | | | | |
| | URN RD ESON, IL604431056 | | | | | | | | | | |
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| | SCELLANEOUS: | | | · · · · · · · · · · · · · · · · · · · | <u> </u> | | | | | | |
| COOK | (IL ISPC#613865 | | | | | | | | | | |