UCC FINANCING STATEMENT AMENDMENT

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)

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

Filty with: Cook, IL

Doc#: 1530815011 Fee: \$42.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 11/04/2015 09:56 AM Pg: 1 of 3

	Glendale, CA		ILIL		!							
			FIXTU	RE ı								
L		File, with: Cook, IL			THE A	BOVE SPACE	E IS FOR FILING OFFICE (JSE ONLY				
1a. IN	NITIAL FINANCING	STATEMENT F'_F NUMBER			1b. This FINAN	CING STATEME	NT AMENDMENT is to be filed	[for record]				
980	40719 1/15/1	998 CC IL Conk					STATE RECORDS dum (Form UCC3Ad) <u>and</u> provide De		m 13			
2. 🛚	TERMINATION: E Statement	ffectiveness of the Financia, Sta	atement identified above is	terminated with	respect to the secu	urity interest(s) of	Secured Party authorizing this	Termination				
3. [For partial assignr	ll or partial): Provide name of Asment, complete items 7 and 9 and	nd riso indicate affected co	Ilateral in item 8								
4. [CONTINUATION: continued for the a	Effectiveness of the Financing Sadditional period provided by app	Statement identified above plicable law	with respect to the	he security interest	(s) of Secured Pa	arty authorizing this Continuation	n Statement is				
5. [PARTY INFORMA	ATION CHANGE:	AND Ch. 4 20	of these three box	ae to:							
C	heck <u>one</u> of these two	boxes:	AND Check <u>une :</u>	name and/or a	ddress: Complete	ADD name:		ne: Give record	name			
	his Change affects	Debtor or Secured Party of			a or 7b and item 7c	7a or 7b, <u>an</u>	d item /cto be deleted	in item 6a or 6b				
6. CL		INFORMATION: Complete for P	arty Information Change - p	provir' a only one	name (6a or 6b)							
Ì	6a. ORGANIZATION'S BRIAN PAUL			0								
OR	6b. INDIVIDUAL'S SUI			FIRST PERSO	AL NAME]	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
		ED INFORMATION: Complete for As		naa penede onk	one name (7 a. th) tue	re evect full name: do	not omit modify or abbreviate any part of	of the Debtor's name	e)			
7. C	7a. ORGANIZATION'S		ssignment of Party Information Cha	nge - provide only s	SHE HARRY ST 70) (LIS	Se diada, Idii Idiilo, do	The state of the s					
OR	7b, INDIVIDUAL'S SU	RNAMF				10.						
	FIL HIDITEGRES SUNTAINE											
	INDIVIDUAL'S FIR	ST PERSONAL NAME					5					
	INDIVIDUAL'S AD	DITIONAL NAME(S)/INITIAL(S)					Ox	SUFFIX				
	45555			Тсіту		· · · · · · · · · · · · · · · · · · ·	STATE POSTAL CODE	COUNTR	ŧY			
/c.	MAILING ADDRESS						100					
8. [COLLATERAL C	HANGE: Also check one of the	these four boxes: ADD) collateral	DELETE collat	teral RE	STATE covered collateral	ASSIGN ∞	llateral			
	Indicate collatera	l:						8_	1			
								P	3			
								8	7			
								M	N			
<u> </u>	NAME OF SECUR	ED PARTY OF RECORD A	AUTHORIZING THIS AME	ENDMENT: P	rovide only one nam	me (9a or 9b) (nar	ne of Assignor, if this is an Assig	птеп	1			
ع. ۱۱ اا	f this is an Amendme	nt authorized by a DEBTOR, che	ck here and provide r	name of authoriz	ing Debtor			<u> </u>	<u> </u>			
	9a. ORGANIZATION	SNAME						E	Y			
	BMO Harris			T			ADDITIONAL NAME(S)/INITIAL(S)	a company				
OR	95. INDIVIDUAL'S SU	JRNAME		FIRST PERSON	IAL NAME		APPHILIDIANE MANUE(S)MININE(S)	IN	1 2			
10.	OPTIONAL FILER F	REFERENCE DATA: Debtor	Name: BRIAN PAUL,	iNC.								

04579/BRIAN PAUL, INC.

51010013

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LICC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLL	OW INSTRUCTIONS				
	ITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amend 10719 1/15/1998 CC IL Cook	iment form			
	AME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on An	nendment form			
	12a. ORGANIZATION'S NAME				
	BMO Harris Bank N.A.				
OR					
	12b. INDIVIDUAL'S SURNAME				
ļ	FIRST PERSONAL NA' .t.				
ŀ	ADDITIONAL NAME(SYINITIAL S)	SUFFIX			
	lame of DEBTOR on related financing swans at (Name of a current Debtor o			PACE IS FOR FILING OFFICE US e filing offices - see Instruction item	
13. N	lame of DEBTOR on related financing scatters." (Name of a current Debtor o one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or a	obreviate any part of the Debtor's no	ame); see Instr	uctions if name does not fit	10). 1 101100 0111)
ſ	138. ORGANIZATION'S NAME BRIAN PAUL, INC.	-			
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
14 /	ADDITIONAL SPACE FOR ITEM 8 (Collateral):				
ВМ	ured Party Name and Address: D Harris Bank N.A 111 West Monroe Street , Chicago, iL 606	17. Description o	of real estate:	Office .	AMEDOE.
16.	covers timber to be cut covers as-extracted collateral is filed Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):	BEING A GOVERN HALF OF NORTH, EAST HA OF SECT RANGE	SUBDINMENT I SECTION RANGE ALF OF TION 1, 10 EAST	N 53 PARK OF COMINION OF PART OF LOTS 1 AND 2 IN TOM SHIP OF THE SOUTHEAST TOWNSHIP 42 NOT OF THE THIRD PORDING TO THE SOUTHEAST	OF THE WEST 42 THE QUARTER RTH, RINCIPAL
_	MISCELLANEOUS: 51010013-IL-31 11193 - BMO HARRIS BANK, N.A BMC	[See Exhibi			

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Debtor: BRIAN PAUL, INC.

Exhibit for Real Estate

17. Description of real estate:

Continued

THEREOF RECORDED JULY 11, 1985 AS DOCUMENT NUMBER 85097888, AS CORRECTED BY SURVEYOR'S CERTIFICATES OF CORRECTION RECORDED SEPTEMBER 4, 1985 AS DOCUMENT NUMBER 85173204 AND NOVEMBER 25, 1985 AS DOCUMENT NUMBER 85296795, IN COOK COUNTY, ILLINOIS.

Parcei ID:

ADOZ-OU.
DOZINIA OF COLINIA CIENKS OFFICE 03-06-158-002-0000