**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@wolte	erskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	16911 - US BANK-	
CT Lien Solutions P.O. Box 29071	51352088	7
Glendale, CA 91209-9071	ILIL	
	FIXTURE	ı
File wide: Cook II	_	L.



Doc#: 1532939075 Fee: \$42.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds

Date: 11/25/2015 02:26 PM Pg: 1 of 3

CT Lien Solutions	51352088				
P.O. Box 29071	<b>11</b> 11	I			
Glendale, CA 91209-9071	L L	l			
	FIXTURE	_ i			
File win: Cook, IL	-	┘┃	THE ABOVE SPA	CE IS FOR FILING OFFICE US	SE ONLY
1a. INITIAL FINANCING STATEMENT THE NUMBER		1	b. 🔀 This FINANCING STATE	MENT AMENDMENT is to be filed [f	or record)
0617122007 6/20/2006 CC /L Cork			(or recorded) in the REA	L ESTATE RECORDS dendum (Form UCC3Ad) <u>and</u> provide Debt	
<ol> <li>TERMINATION: Effectiveness of the Financing S' Statement</li> </ol>	itement identified above is terminat	ed with r	espect to the security interest(s	) of Secured Party authorizing this To	ermination
<ol> <li>ASSIGNMENT (full or partial): Provide name of Ass For partial assignment, complete items 7 and 9 and</li> </ol>	signe item 7a or 7b, <u>and</u> addres d_ak o ir dic ae affected collateral in	ss of Ass item 8	ignee in item 7c <u>and</u> name of A	ssignor in item 9	
CONTINUATION: Effectiveness of the Financing S continued for the additional period provided by approximate the second secon		ect to th	e security interest(s) of Secured	Party authorizing this Continuation	Statement is
5. PARTY INFORMATION CHANGE:	0				
Check one of these two boxes:	AND Check c 1e of the se th			ne: Complete item DELETE name	: Give record name
This Change affects Debtor or Secured Party of		ditom 7a	dress: Complete or 7b <u>and</u> item 7c ADD nan 7a or 7b,	and item 7c to be deleted in	
6. CURRENT RECORD INFORMATION: Complete for Pa	arty Information Change - provide o	nly <u>one</u> s	name (6a or 6b)		
6a. ORGANIZATION'S NAME					
STAR CONTRACTORS SUPPLY, IN	iC.				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PI	ERSONAL	. NA' NE	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Ass	signment or Party Information Change - prov	ide only <u>on</u>	e name (za or 7b) (usr andt, full name	; do not omit, modify, or abbreviate any part of t	he Debtor's name)
7a. ORGANIZATION'S NAME			C		
OR 7b. INDIVIDUAL'S SURNAME			——————————————————————————————————————	<b>Z</b> .	
INDIVIDUAL'S FIRST PERSONAL NAME				0,0	
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)				755.	SUFFIX
7c. MAILING ADDRESS	СІТҮ			STATE POSTAL CUDE	COUNTRY
8. COLLATERAL CHANGE: Also check one of the	nese four boxes: ADD collatera	al [	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
Indicate collateral:	JOS SUI PONCO.	[			
muicate constersi.					

	AME OF SECURED PARTY OF RECORD AUTHO		ne (9a or 9b) (name of Assignor, if this is an Assignment)
	9a. ORGANIZATION'S NAME US BANK NATIONAL ASSOCIATION		
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(SYINITIAL(S) SUFFIX

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: STAR CONTRACTORS SUPPLY, INC. 51352088 3000043921

STAR CONTRACTORS SUPPLY

Prepared by CT Lien Solutions, P.O. Box 29 N Glendale, CA 91209-9071 Tel (800) 331-3282

1532939075 Page: 2 of 3

## **UNOFFICIAL COPY**

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS				
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendr	ment form			
0617122007 6/20/2006 CC IL Cook				
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Ame	endment form			
US BANK NATIONAL ASSOCIATION				
OR 12b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
	SUFFIX			
ADDITIONAL NAME(S)INITIAL(S)	SOFFIX	THE AGOME OBLOCK	IO FOO FILING OFFICE US	E ONI V
13. Name of DEBTOR on related financing statement (Name of a current Debtor of	record required for indexing put		offices - see Instruction item	
one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or ab	breviate any part of the Debtor's	s name); see Instructions i	if name does not fit	10). I torido oraș
13a. ORGANIZATION'S NAME				
STAR CONTRACTORS SUPPLY, INC.				
OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	IONAL NAME(S)/INITIAL(S)	SUFFIX
Debtor Name and Address: STAR CONTRACTORS SUPPLY, INC 9999 S. VIRGINIA AVE., (	CHICAGO RIDGE, IL 604	15		
Secured Party Name and Address: US BANK NATIONAL ASSOCIATION - 400 CITY CENTER, OSHK	OSH, Wu 54901	Clarks		

3000043921 STAR CONTRACTORS SUPPLY

[ See Exhibit for Real Estate ]

US BANK NATIONAL ASSOCIATION File with: Cook, IL.

18. MISCELLANEOUS: 51352088-IL-31 16911 - US BANK- LENDING SER

1532939075 Page: 3 of 3

## **UNOFFICIAL COPY**

Debtor: STAR CONTRACTORS SUPPLY, INC.

**Exhibit for Real Estate** 

17. Description of real estate:

Continued

Commonly known as: 9999 Virginia Avenue, Chicago Ridge, Illinois 60415

Parcel ID:

TID. 1-312-0.

Aroperty of Cook County Clark's Office 24-07-312-002-0000; 24-07-312-022-0000