UNOFFICIAL COPY

C FINANCING STATEMENT AMENDO OW INSTRUCTIONS	MENT		c#: 1534539016 Fee: \$4	4 2.00
AME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141		RH	on A Yarbrough	
MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskl	luwer.com	Co De	ren A.Yarbrough ook County Recorder of Deeds ate: 12/11/2015 08:55 AM Pg:	1 of 3
END ACKNOWLEDGMENT TO: (Name and Address) 88;	39 - BCM	1		
CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	51566277 TILIL			
	FIXTURE	THE ABOVE S	PACE IS FOR FILING OFFICE US	E ONLY
File v ith: Cook, IL		L. FATEL FINANCING STA	TEMENT AMENDMENT is to be filed [fo	r record]
NITIAL FINANCING STATEMENT FILE N IMBER		Correction in the in	Addendum (Form UCC3Ad) and provide Debto	ors name in item 13
TERMINATION: Effectiveness of the Finanting Statement ide	entified above is terminated wit	h respect to the security intere	st(s) of Secured Party authorizing this Te	rmination
Statement			of Assignor in item 9	
ASSIGNMENT (full or partial): Provide name of Assign e in it For partial assignment, complete items 7 and 9 and a so indi	tem 7a or 7b, <u>and</u> address of A ale affected collateral in item	Assignee in item 7c <u>and</u> name 8	(Dark sutherizing this Continuation	Statement is
For partial assignment, complete items / and 9 article at 30 in CONTINUATION: Effectiveness of the Financing Statement is continued for the additional period provided by applicable law	de itified above with respect to	the security interest(s) of Sec	ured Party authorizing this Community	
THE PLANTE	AND Check one of these three b	r address: Complete AUL	D name: Complete item DELETE name or 7b, and item 7c to be deleted in	: Give record name nitem 6a or 6b
Secured Party of record	item 6a r 6b; and item	n /a or /b and item /c	70, <u>and</u> non 70	
This Change affects Debtor of Complete for Party Inform	nation Change - provice only 2	He Hame (oa or os)		
6a. ORGANIZATION'S NAME JCG INDUSTRIES, INC	C	//	AND COMPUTAL (S)	SUFFIX
6b. INDIVIDUAL'S SURNAME	FIRST PERSO	1//	ADDITIONAL NAME(S)/INITIAL(S)	
CHANGED OR ADDED INFORMATION; Complete for Assignment or	Party Information Change - provide of	nty one name / or 7b) (use exact, ful	I name; do not omit, modify, or abbreviate any part of	the Debtor's name)
Ta. ORGANIZATION'S NAME				
72.5167.112				
7b. INDIVIDUAL'S SURNAME			7	
INDIVIDUAL'S FIRST PERSONAL NAME			<u>'S</u>	SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)			I STATE POST & CODE	COUNTRY
7c. MAILING ADDRESS	CITY		STATE PUST & CODE	
	T a DD Hotorol	DELETE collateral	RESTATE covered collaieral	ASSIGN collate
COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these fou Indicate collateral:	ir boxes:	DELETE collateral	NEGINIE WIGHT THAN	SPS
			or 9h) (name of Assignor, if this is an Assi	gnment)
9. NAME OF SECURED PARTY OF RECORD AUTHOR	RIZING THIS AMENDMENT	: Provide only one name (9a	or 9b) (name of Assignor, if this is an Assi	gnment)
If this is an Amendment authorized by a DEBTOR, CHECK HEIG		: Provide only <u>one</u> name (9a horizing Debtor	or 9b) (name of Assignor, if this is an Assi	gnment)
9. NAME OF SECURED PARTY OF RECORD AUTHOR If this is an Amendment authorized by a DEBTOR, check here 9a. ORGANIZATION'S NAME THE LINCOLN NATIONAL LIFE INSURA	NCE COMPANY	Provide only <u>one</u> name (9a horizing Debtor	or 9b) (name of Assignor, if this is an Assi	F

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

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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

TIS. TRIBLE PRANCING STATEMENT FILE NUMBER: Same as filen 1s on Amendment form STATEMENT PRINCIPLY ANTICORZING THIS AMERICAN THIS AMERICAN TO STATEMENT FILE NUMBER AND THIS AMERICAN THIS AMERICA	FOLLOW INSTRUCTIONS			
12. NOTICE OF PRIVATE AND CONTROL AND CONTROL OF THE INSURANCE COMPANY	FOLLOW INSTRUCTIONS	ent form		
12. MADE OF PARTY AUTHORIZATION IN AMENDMENT THE COMMENCATION IN AMERICAN FOR THE LINCOLN NATIONAL LIFE INSURANCE COMPANY	0535541005 12/21/2005 CC IL Cook			
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Norse of DEBTOR or related financing statum; (f) then of a current Datitor of record required for Indusing purposes only in some fling offices - see Instruction learn 15); Provide or only the Debtor rame (13e of 13b) (see seart, Lilling) is, or domit, modify, or abbreviate any part of the Debtor a name); see Instructions In rame does not fill the Debtor a name); see Instructions In rame does not fill the Debtor a name); see Instructions In rame does not fill the Debtor a name; see Instructions In rame does not fill the Debtor a name; see Instructions In rame does not fill the Debtor and search and Address: 14. ADDITIONAL PRICE FOR ITEM 8 (Collateral); Debtor Name and Address: JCG INDUSTRIES, INC - 1300 W.HIGGINS ROAD, PARK RIDGE, IS 50068 Secured Party Name and Address: THE LINCOLN NATIONAL LIFE INSURANCE COMPANY - 1300 SOUTH SUNTYON STREET, FORT WAYNE, IN 46802 15. This FRANCING STATEMENT AMESIONENT: Covers sinker to be out. Covers as extracted collateral in Temperature (Party Name and Address: COVERS ON THE CONTY OF THE CONTY OF THE VARYNE, IN 46802 15. This FRANCING STATEMENT AMESIONENT: COVERS ON THE ONE OF THE CONTY O	12 NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amen	ndment form		
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Debtor Name and Address: JCG INDUSTRIES, INC - 1300 W.HIGGINS ROAD , PARK RIDGE, **	OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL TARRETONIAL TOTAL	
Debtor Name and Address: JCG INDUSTRIES, INC - 1300 W.HIGGINS ROAD , PARK RIDGE, **				
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File with: Cook, IL

18. MISCELLANEOUS; 51566277-IL-31 8839 - BCM

THE LINCOLN NATIONAL LIFE

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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 County Clarks Office 12341000470000,12341000480000