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) ${\tt CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com}$ C. SEND ACKNOWLEDGMENT TO: (Name and Address) 8839 - BCM CT Lien Solutions 51786415 P.O. Box 29071 Glendale, CA 91209-9071 ILIL **FIXTURE** File with: Cook, IL 1a. INITIAL FINANCING STATEMENT FIL . NU MBER 0700218093 1/2/2007 CC IL Cock



Doc#: 1536539018 Fee: \$44.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 12/31/2015 09:15 AM Pg: 1 of 4

	THE.	ABOVE	SPAC)E	5 F	UK	FILING	, U	rrı	VE	Ů9E	OIL	1
										_		_	-
_													•

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record]
(or recorded) in the REAL ESTATE RECORDS
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 TERMINATION: Effectiveness of the Financing S. Ferment identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination

	Statement					
. [ASSIGNMENT (full or partial): Provide name of For partial assignment, complete items 7 and 9	and also indicate affected on	ollateral in item 8			
ı. [CONTINUATION: Effectiveness of the Financir continued for the additional period provided by	ng Statement ider (ified) bove applicable law	with respect to the security interest((s) of Secured Party au	thorizing this Continuation	Statement is
	PARTY INFORMATION CHANGE: heck <u>one</u> of these two boxes: his Change affects Debtor <u>or</u> Secured Part	CHAN	of these three boxes to: Color same and/or address: Complete a or 6b; and item 7a or 7b and item 7c	ADD name: Comp 7a or 7b, <u>and</u> item	lete item DELETE name 7c to be deleted in	: Give record name nitem 6a or 6b
6. C	URRENT RECORD INFORMATION: Complete for	or Party Information Change -	provide only one name (6a or 6b)			
	6a. ORGANIZATION'S NAME JCG INDUSTRIES, INC.		0/2			
OR	6b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ONAL NAME(SYINITIAL(S)	SUFFIX
7. C	I. CHANGED OR ADDED INFORMATION: Complete for	or Assignment or Party Information Ch	nange - provide only <u>one</u> name (7a or 7b) (un	a. d, full name; do not omi	t, modify, or abbreviate any part of	the Debtor's name)
	7a. ORGANIZATION'S NAME			- /0		,
OR	7b. INDIVIDUAL'S SURNAME			4,		
	INDIVIDUAL'S FIRST PERSONAL NAME			3,		
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				150	SUFFIX
7c.	MAILING ADDRESS		CITY	STATE	POSTAL (JODI)	COUNTRY
8. [COLLATERAL CHANGE: Also check one Indicate collateral:	of these four boxes: AD	D collateral DELETE colla	teral RESTAT	E covered collateral	ASSIGN collateral

				7
9, NAME OF SECURED PAR If this is an Amendment authoriz	TY OF RECORD AUTHORIZING ed by a DEBTOR, check here	G THIS AMENDMENT: Provide only one name and provide name of authorizing Debtor	(9a or 9b) (name of Assignor, if this is an Assignm	ent)
9a. ORGANIZATION'S NAME THE LINCOLN NAT	IONAL LIFE INSURANCE	COMPANY		$ \circ$ \rangle
OR 9b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFEREN	CE DATA: Debtor Name: JCG 871065383	L	mi	

Prepared by CT Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

1536539018 Page: 2 of 3

UNOFFICIAL COPY

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

1. IN	ITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendm 1218093 1/2/2007 CC IL Cook	ent form		
12 N	AME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amer	ndment form]	
	120 OPCAMIZATION'S NAME			
	THE LINCOLN NATIONAL LIFE INSURANCE COMPAN	Y	1	
			<u> </u>	
OR	12b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME	1		
	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX	-	
	700		THE ABOVE SPACE IS FOR FILING OFFICE US	E ONLY
13.	Name of DEBTOR on related financing states lent relame of a current Debtor of rone Debtor name (13a or 13b) (use exact, full reams; do not omit, modify, or abb	record required for indexion or any part of the Domestian any part of the Domestian are seen as a second control of the Domestian are seco	ng purposes only in some filing offices - see instruction item betor's name); see Instructions if name does not fit	1 10). 1 101100 0111)
-	13a. ORGANIZATION'S NAME JCG INDUSTRIES, INC.			
or	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
- 1	ADDITIONAL SPACE FOR ITEM 8 (Collateral): otor Name and Address: 5 INDUSTRIES, INC 1300 W. HIGGINS ROAD , PARK RIDG':	, IL 60068		
	cured Party Name and Address: E LINCOLN NATIONAL LIFE INSURANCE COMPANY - 1300 SQ		REET , FORT WAYNE, IN 46802	
TH	E LINCOLN NATIONAL LIFE INSURANCE COMPANY - 1900 35	301110111011		
		47)	Χ,	
			()	•
			O _A	
			4	
			\suppression \(\suppression \)	
			$O_{x_{\alpha}}$	
			REET, FORT WAYNE, IN 46802	
13	i. This FINANCING STATEMENT AMENDMENT: Covers timber to be cut Covers as-extracted collateral is filed		Scription of real estate: OPERTY ADDRESS:	
_	covers timber to be cut covers as-extracted collaterar is lined. Name and address of a RECORD OWNER of real estate described in item 17	215	55, N ROSE ST, FRANKLIN PAF	RK, IL,
11	(if Debtor does not have a record interest):	601		
		ΤΛ.	X PARCEL # 12341000470000,	
			341000480000	
), _	OAL DECODIDION	
		[LE	GAL DESCRIPTION	
		 [Se	e Exhibit for Real Estate]	
_	8. MISCELLANEOUS: 51788415-IL-31 8839 - BCM THE	LINCOLN NATIONAL LIFE	File with: Cook, 1L 871065383 L	
•	8. MISUELLANEOUS, STREET SEED STREET			

1536539018 Page: 3 of 3

UNOFFICIAL COPY

Debtor: JCG INDUSTRIES, INC.

Exhibit for Real Estate

17. Description of real estate:

Continued

LOT 1, IN KOCH POULTRY SUBDIVISION, BEING A SUBDIVISION OF THE NORTH THREE - QUARTERS OF THE WEST HALF OF THE NORTHWEST 1/4 OF SECTION 34, TOWNSHIP 40 NORTH , RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED NOVEMBER 8, 2001, AS DOCUMENT NO. 0011050901, IN COOK COUNTY, **ILLINOIS**

Parcel ID:

123416.

OF COOK COUNTY CLOPE'S OFFICE 12341000470060 12341000480000