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. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-	7			
E-MAIL CONTACT AT FILER (optional)	J234	Doc	#; 1622244033 Fee: \$40	.00
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SEND ACKNOWLEDGMENT TO: (Name and Address)			n A.Yarbrough County Recorder of Deeds	
119700457 - 375280			: 08/09/2016 01:10 PM Pg: 1 o	f2
Corporation Service Company 801 Adlai Stevenso Lrive				
Springfield, IL 62/03	Filed In: Illinois			
	(Cook)	TUE		_
INITIAL FINANCING STATEMENT FUT WITTBER 501619159 01/16/2015		1b. This FINANCING S (or recorded) in the	TATEMENT AMENDMENT is to be filed (for REAL ESTATE RECORDS	r record]
TERMINATION: Effectiveness of the Fin inci ig Statement iden Statement	ntified above is terminated	Filer: attach Amendm with respect to the security	ent Addendum (Form UCC3Ad) <u>and provide Deb</u> interest(s) of Secured Party authorizing thi	tor's name in item 1 s Termination
ASSIGNMENT (full or partial): Provide name of Assigner in ite For partial assignment, complete items 7 and 9 and also indicate	em 7a or 7b, <u>and</u> address a affected collateral in item	of Assignee in item 7c <u>and</u> r 8	name of Assignor in item 9	<u>.</u>
CONTINUATION: Effectiveness of the Financing Stateme t id continued for the additional period provided by applicable law	lentified above with respec	t to the security interest(s)	of Secured Party authorizing this Continuat	ion Statement is
PARTY INFORMATION CHANGE:	0/			
	Check on the unese three b		ND O	
This Change affects Debtor or Secured Party of record	tem 6a or 6b and item	7a or 7b and item 7c 7a	DD name: Complete item or 7b, and item 7c DELETE name: to be deleted in	Give record nam item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Informa 6a. ORGANIZATION'S NAME	ation Change - provide only	o <u>ne</u> name (6a or 6b)		
6b. INDIVIDUAL'S SURNAME		46		
	FIRST PERSON	NAL NAME	ADDITIONAL NAME/SVINITIAL(S)	Tourrey
Pittman	FIRST PERSON Rachel		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Pittman	Rachel			
Pittman CHANGED OR ADDED INFORMATION: Complete for Assignment or P.	Rachel			
Pittman CHANGED OR ADDED INFORMATION: Complete for Assignment or Property of the Complete for Assignment of the Co	Rachel			
Pittman CHANGED OR ADDED INFORMATION: Complete for Assignment or Property of the Complete for Assignment or Pr	Rachel			
Pittman CHANGED OR ADDED INFORMATION: Complete for Assignment or P: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME	Rachel			
PITTMAN CHANGED OR ADDED INFORMATION: Complete for Assignment or Pi 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	Rachel			f the Debtor's name)
Pittman CHANGED OR ADDED INFORMATION: Complete for Assignment or Programme for Assignment or Programme for Assignment or Programme for Individual's Surname for Individual's First Personal Name INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS	Rachel any Information Change - provide		, full name; do not omit, modify, or abbreviate any part of	f the Debtor's name)
PITTMEN CHANGED OR ADDED INFORMATION: Complete for Assignment or Pi 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes:	Rachel any Information Change - provide		state Postal Code	f the Debtor's name)
Pittman CHANGED OR ADDED INFORMATION: Complete for Assignment or Pi Ta. ORGANIZATION'S NAME Tb. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	Rachel arty Information Change - provide	only <u>one</u> name (7a or 7') (use e lact	state Postal Code	SUFFIX COUNTRY
PITTMAN CHANGED OR ADDED INFORMATION: Complete for Assignment or Page 17. 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: ndows Chel Pittman	Rachel arty Information Change - provide	only <u>one</u> name (7a or 7') (use e lact	state Postal Code	SUFFIX COUNTRY
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-	LLOWINSTRUCTIONS			
	INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a c 501619159 01/16/2015	on Amendment form		
_	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item	9 on Amendment form		
	12a. ORGANIZATION'S NAME Foundation Finance Company LLC			
OR	12b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NA AE			
	ADDITIONAL NAME(S)/INIT./, L(S)	SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE	IISE ONI Y
13.	Name of DEBTOR on related financing state nent (Name of a current E one Debtor name (13a or 13b) (use exact, full name, do not omit, modify, or at	Debtor of record required for indexing pur	poses only in some filing offices - see Instruction item	
	13a. ORGANIZATION'S NAME			
OR	13b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
14.	ADDITIONAL SPACE FOR ITEM 8 (Collateral):			
		OHDY.		
15.7	his FINANCING STATEMENT AMENDMENT:	17. Description of res	TCO .	