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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) CLS-CTLS_Glendale_Customer_Service@wolte	erskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	20687 - ASSOCIATED
CT Lien Solutions	57671309
P.O. Box 29071 Glendale, CA 91209-9071	ILIL
1	FIXTURE
Enc. eith: Cook II	

Doc# 1705806103 Fee \$46.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

			KHKEN H.THRBRUUGH	
C. SEND ACKNOWLEDGMENT TO: (Name and	Address) 20687 - ASSOCIA	TED	COOK COUNTY RECORDER OF DEEDS	
CT Lien Solutions P.O. Box 29071	5767130	9	DATE: 02/27/2017 11:25 AM PG	1 OF 5
Glendale, CA 91209-9071	ILIL	`	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
L Cook II	FIXTURI		BOVE SPACE IS FOR FILING OFFICE	USE ONLY
File with: Cook, IL ta: INITIAL FINANCING STATEMENT FILE NUMBER 97-U07625 6/26/1997 CC IL Cook	!	1b. This FINANC	CING STATEMENT AMENDMENT is to be file t) in the REAL ESTATE RECORDS Amendment Addendum (Form UCC3Ad) and provide to	d [for record]
TERMINATION: Effectiveness of the rin.nc.ng Statement	Statement identified above is term	ninated with respect to the secu	rity interest(s) of Secured Party authorizing this	s Termination
3. ASSIGNMENT (full or partial): Provide name of For partial assignment, complete items 7 and 0			nd name of Assignor in item 9	
 CONTINUATION: Effectiveness of the Financin continued for the additional period provided by 		respect to the security interest(s) of Secured Party authorizing this Continuati	on Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes:	AND Chick onle of the	se three boxes to: rme and/or address: Complete	ADD name: Complete item DELETE na	ime; Give record name
This Change affects Debtor or Secured Part	of record iten. 6- or u	b; and item 7a or 7b and item 7c	7a or 7b, and item 7c to be delete	d in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete fo	r Party Information Change - previ	de ontrone name (6a or 6b)		
68. ORGANIZATION'S NAME LASALLE NATIONAL BANK, TRU	ST NUMBER 121001			
OR 6b. INDIVIDUAL'S SURNAME	FIR	ST PERSONA', NAME	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete to	r Assignment or Party Information Change -	provide only one name ('a o' 7b) (use	exact, full name; do not omit, modify, or abbreviate any part	of the Debtor's name)
7a. ORGANIZATION'S NAME				
OR 7b. INDIVIDUAL'S SURNAME			Op,	
INDIVIDUAL'S FIRST PERSONAL NAME			75	·
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)	***************************************		Oxe	SUFFIX
7c. MAILING ADDRESS	СІТ	Υ	STATE POST AL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one	of these four boxes: ADD coll	ateral DELETE collate	ral RESTATE covered collateral	ASSIGN collater
Indicate collateral:				
				S

	F
	S
	N
), NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor	S
O. ODCANIZATIONIC MANE	

ASSOCIATED BANK 96. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S)

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: LASALLE NATIONAL BANK, TRUST NUMBER 121001

9050590-9001 57671309 99001

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

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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS				
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment for	m			
97-U07625 6/26/1997 CC IL Cook	*			
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendmen	nt form			
122. ORGANIZATION'S NAME ASSOCIATED BANK				
, and a second s				
OR 12b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
~	Laveni			
ADDITIONAL NAME(SYINITIFL(S)	SUFFIX			
10 11 (1957) 10 11 11 11 11 11 11 11 11 11 11 11 11		·	SPACE IS FOR FILING OFFICE US	
13. Name of DEBTOR on related financing out an ant (Name of a current Debtor of record rone Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate	equired for indexing any part of the Debt	purposes only in sol or's name); see Insti	me filing offices - see instruction item ructions if name does not fit	13): Provide only
13a. ORGANIZATION'S NAME			·	
LASALLE NATIONAL BANK, TRUST NUMBER 121001				
OR 13b. INDIVIDUAL'S SURNAME FIRST.	PERSONAL NAME		ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
Secured Party Name and Address: ASSOCIATED BANK - PO BOX 19097 , GREEN BAY, WI 54307-9097	Colhi	Clan	T'S OFFICE	
15. This FINANCING STATEMENT AMENDMENT:	17. Descrip	ion of real estate:		
covers timber to be cut covers as-extracted collateral is filed as a fixtu	· ·		EXHIBIT A	
16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):				
,				
	-004-0 -008-0	319: -001- 000; -005- 000; -009-	-0000; -002-0000; -0 0000; -006-0000; -0 0000; -010-0000; -0 0000 & -014-0000	07-0 000;
18. MISCELLANEOUS: 57671309-IL-31 20687 - ASSOCIATED BANK - CO ASSOCIATED B	ANK	File with: Cook, IL	99001 9050590-9001	

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EXHIBIT A

LEGAL DESCRIPTION

Parcel 1

Lots 21 to 34, both inclusive, in Charles A. Raggio's Subdivision of that part of Block 3 in Hamilton's Subdivision of the South 60 acres of the East 1/2 of the Southwest 1/4 of Section 34, Township 40 North, Range 13 East of the Third Principal Meridian, lying East of the Center line of North 45th Avenue, in Cook County, Illippia.

Partel 1

All of the Turn-a-Round vacated public alley of variable with, lying east of and adjoining the East line of Lot 21, lying North of and adjoining the North line of Lot 21, lying East of and adjoining the East line of Lot 22, lying Southeasterly of and adjoining the Southeasterly line of Lot 26, lying Southeasterly of and adjoining the Southeasterly line of lots 27, 28 and 29, and lying West of and adjoining the West line of Lot 29; which lies North of a line drawn from the Southeast corner of Lot 21 to the Southwest corner of Lot 29, all in Charles A. Raggio's Subdivision of that part of Boo! 3 in Hamilton's Subdivision of the South 60 acres of the East 1/2 of the Southwest 1/4 of Section 34, Township 40 North, Range 13, East of the Third Principal Meridian, lying East of the center line of North 45th Avenue.

Vacated by Ordinance made by the City of Chicago recorded September 21, 1988 as Document 88432459.

Commonly known as 4455-4465 West Grand Avenue, Chicago, Illinois.

Permanent Index Numbers:

13-34-319-001-0200 13-34-319-002-0000 13-34-319-004-0000 13-34-319-005-0000 13-34-319-007-0000 13-34-319-008-0000 13-34-319-008-0000 13-34-319-010-0000 13-34-319-011-0000 13-34-319-011-0000 13-34-319-011-0000 13-34-319-011-0000 13-34-319-011-0000 13-34-319-011-0000 13-34-319-011-0000

Office

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EXHIBIT B

DESCRIPTION OF COLLATERAL

All of the following property now or at any time hereafter owned by Mortgagor or in which the Mortgagor may now or anytime hereafter have any interest or rights, together with all of Mortgagor's right, title and interest therein:

- (i) all furniture, furnishings and equipment furnished by Mortgagor to tenants of the Premises (as legally described in Exhibit A hereto);
- (ii) all building materials and equipment located upon the Premises and intended to be incorporated in the improvements located thereon now or hereafter to be constructed thereon, whether or not yet incorporated in such improvements;
- supplying heating, gas, electricity, air-conditioning, water, light, power, sprinkler potection, waste removal, refrigeration and ventilation, and all fire sprinklers, along systems, electronic monitoring equipment and devices;
- (iv) all wisdow or structural cleaning rigs, maintenance equipment and equipment relating to a clusion of vermin or insects and removal of dust, dirt, debris, refuse or garbage;
- all lobby or other indoor and outdoor furniture, including tables, chairs, planters, desks, sofas, shelv a, lockers and cabinets, wall beds, wall safes, and other furnishings;
- (vi) all rugs, carpets and other floor coverings, draperies, drapery rods and brackets, awnings, window shades, vene ian blinds and curtains;
- (vii) all lamps, chandeliers and other lightly fixtures;
- (viii) all recreational equipment and materials.
- (ix) all office furniture, equipment and supplies;
- all kitchen equipment, including refrigerators, over 1, alshwashers, range hoods and exhaust systems and disposal units;
- (XI) all laundry equipment, including washers and dryers;
- (XII) 'all tractors, mowers, sweepers; snow removal equipment at a other equipment used in maintenance of exterior portions of the Premises;
- (xiii) all maintenance supplies and inventories;
- (xiv) all personal property used or to be used in connection with the operation of the Premises or the conduct of business thereon, including without limitative, business equipment and inventories located on the Premises or elsewhere, together with files, books of account, and other records, wherever located:
- (xv) any and all contracts now or hereafter relating to the operation of the Premises or the conduct of business thereon, including without limitation all management and other service contracts, the books and records, and the right to appropriate and use any and all trade names used or to be used in connection with such business;

This FMANCING STATEMENT is page to No ling &	Her for filing ou swant to the Uniform Compercial	ode: Maturity date (if any):
I. Debtor(s) (Last Name First) and address(s) Lastille Extinuel SONO not per-	2. S cured Polytics) in oddre ((ac)	For Fling Officer (Date, Time, Number, and Filing Office)
ionally, the solaly as Trustee under	Associated Bank Amoco Buildiage	And the state of the state of
r. No. 121001	200 East Randolph	
35 South LaSalle Sirpet	Chicago, IL 60601 Attn: Ross H. Carlson	STATE OZS. G
Micago, IL 60601	- 7	17760 TRAN 4309 06/26/97 11144:00 (###################################
. This financing statement covers the following types (or it		GOOD COUNTY RECORDER
The personal property described on Ex	chibitrA, located on the real proper	5. Assignae(s) of Secured Porty and
logally described on Exhibit 8, which as Trustee under Trust Ho. 121001	t is cannot by LuSelle Mational Bank	Address(es)
as trattes miset, that was 151001	`	97 97625
	y PS	
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	•	4
		A
This statement is filed with 11.5 debior's signature to		
Check ☑ if covered: ☐ Proceeds of Ce air of ore als	o covered. 🔁 Products of Collateral are also covered	No. of additional Sheets presented.
See attached signature page	Bur	
Signature(s) of Debior(s) (5) Debtor Copy. ORIGIN.	Title Signature(a)	of Secured Partyles) Title
Or Debital Copy. ORIGINA	ATON - nemove this copy and forward t	palance of form intact for filing.
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