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	•	. '		
UCC FINANCING STATEMENT AMENDME	ENT	1 106101 11	*1713745027*	OF
FOLLOW INSTRUCTIONS			1713745027 Fee \$42.	25
A. NAME & PHONE OF CONTACT AT FILER (optional)		אופט בב	E:\$9.00 RPRF FEE: \$1.00	
Cindy Hoppe 262-860-2100				
8. E-MAIL CONTACT AT FILER (optional)	•	(AREN A	. YARBROUGH	
choppe@bylinebank.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)	•	COOK CO	UNTY RECORDER OF DEEDS	
_	_)ATE: 0	5/17/2017 10:08 AM PG:	1 OF 2
Byline Bank	I	İ		
13925 W. North Avenue		• • • •		
Brookfield, WI 53005				
	1			
<u> </u>			CE IS FOR FILING OFFICE USE C	
1a. INITIAL FINANCING STATEMENT, ILE NUMBER		1b. This FINANCING STATE (or recorded) in the REA	MENT AMENDMENT is to be filed [for it	record]
1210211102			Idendum (Form UCC3Ad) and provide Debto	r's name in item 13
2. TERMINATION: Effectiveness of the cine cing Statement identified	above is terminated	with respect to the security intere	est(s) of Secured Party authorizing this	Termination
Statement		·		
 ASSIGNMENT (full or partial): Provide name of / ssignee in item 7a For partial assignment, complete items 7 and 9 and all of items 1 and /li>	or 7b, <u>and</u> address o	of Assignee in item 7c <u>and</u> name 8	of Assignor in Item 9	
				n Statement in
 CONTINUATION: Effectiveness of the Financing Stateme at ider ifit continued for the additional period provided by applicable la. 	ed above with respec	t to the security interest(s) of Se	cured Party authorizing this Continuation	iii Stateilierit is
5. PARTY INFORMATION CHANGE:)		<u> </u>	
	k gr ac' these three b	ooxes to:		
This Change affects Debtor or Secured Party of record	CHAME aname and/or tem 6a or 6b; and item	address: Complete ADD na	me: Complete item DELETE name: and item 7c to be deleted in it	Give record name em 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information				
6a. ORGANIZATION'S NAME				
		/,		
6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NA L N CARE	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In	nformation Change - provide	only one name (% or 7b) (use exact, full r	name; do not omit, modify, or abbreviate any part of	the Debtor's name)
7a. ORGANIZATION'S NAME				
OR 75. INDIVIDUAL'S SURNAME			· · · · · · ·	
75. INSTRUMENTAL OF STATE OF S			'	
INDIVIDUAL'S FIRST PERSONAL NAME		· · · · · · · · · · · · · · · · · · ·		
			` \(\sigma \)	\ J
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				EUFFIX
				Z -
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
			(C)	
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE coltateral	RESTATE covered collateral	SSION collateral
Indicate collateral:	_			RA V
				1A1
				SC X
,				L _/V
				IAITY
				11/1 F
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH			(name of Assignor, if this is an Assignme	nt)
If this is an Amendment authorized by a DEBTOR, check here and pro 9a, ORGANIZATION'S NAME	ovide name of authoriz	ing Debtor		
ANY ALTONOLOGICAL ALTONO				
Ryline Rank				
Byline Bank	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
An L	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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	LOW INSTRUCTIONS			
	INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on 210211102	Amendment form		
	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9	on Amendment form		
	12a. ORGANIZATION'S NAME Byline Bank			
OR	12b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME			
	ADDITIONAL NAME(S)/INIT/ L(S	SUFFIX		
			THE ABOVE SPACE IS FOR FILING OFFICE L	ISE ONLY
13.	Name of DEBTOR on related financing statement (Name of a current De one Debtor name (13a or 13b) (use exact, full liam; do not omit, modify, or abb	abtor of record required for indexing	purposes only in some filling offices - see Instruction item me); see Instructions if name does not fit	13); Provide only
	13a. ORGANIZATION'S NAME NOBERT PLATING CO.			
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
14	ADDITIONAL SPACE FOR ITEM 8 (Collateral):			
		1		
	This FINANCING STATEMENT AMENDMENT:	17. Description	C/o/t/s O/fico	