UNOFFICIAL COPY

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JCC FINANCING STATEMENT AMENDMENT OLLOWINSTRUCTIONS			RHSP FEE:\$9.00 RPRF FEE: \$1.00		
NAME & PHONE OF CONT PrinsBank 32097863			ŀ	N A.YARBROUGH County recorder of Dee	IDS .
E-MAIL CONTACT AT FILE	• •			: 02/15/2018 09:48 AM	
kaitlyns@prinsbank SEND ACKNOWLEDGMEN	NTTO: (Name and Address)				
PrinsBank Attn: Kaitlyn PO BOX 38		一		·	
Prinsburg, MN 56	281	ı		•	
	0,		. THE ABOVE SP	ACE IS FOR FILING OFFICE USE	ONLY
INITIAL FINANCING STATEMENT FILE N', 9ER 1124334022			1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS		•
TERMINATION: Effective	eness of the Fin. nci ig Statement identified abo	ove is terminated		ddendum (Form UCC3Ad) <u>and provide Deb</u> est(s) of Secured Party authorizing thi	
Statement ASSIGNMENT (full or par	ntial): Provide name of Assicile in item 7a or	7h and address :	of Assignee in item 75 and name	of Assigner in item 9	·
	ntal): Provide name of Assir, is in item 7a or inplete items 7 and 9 and also indicate affected			or vestiginor in them a	
	iveness of the Financing Stateme, t identified a period provided by applicable law	above with respec	t to the security interest(s) of Se	cured Party authorizing this Continual	tion Statement is
PARTY INFORMATION C)/			
Check <u>one</u> of these two boxes: This Change affects Debtor of		ng of these three b NG : name and/or a	address: CompleteADD na	me: Complete item DELETE name:	: Give record name
CURRENT RECORD INFOR	RMATION: Complete for Party Information Cha			, <u>and</u> licit 70	TILETT OF CA OD
6a, ORGANIZATION'S NAME		C	(₁ ,		
6b. INDIVIDUAL'S SURNAME	•	FIRST PERSON	NAL (JAMF)	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
CHANGED OR ADDED INFO	ORMATION: Complete for Assignment or Party Information	ation Change - provide	only one name (7a or 7b) use e act full	name: do not omit, modify, or abbreviate any part	of the Debtor's name)
7a. ORGANIZATION'S NAME	STATE CITOTE. Complete to State gament are easy pro-	The state of the s		one, so not one, mosely, or desirate on year	
7b. INDIVIDUAL'S SURNAME				h,	
				<u> </u>	
INDIVIDUAL'S FIRST PERS	SONAL NAME			3,	
INDIVIDUAL'S ADDITIONAL	L NAME(S)/INITIAL(S)			$\Theta_{\mathcal{K}_{\kappa}}$	SUFFIX
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MAILING ADDRESS	•	CITY		STATE POSTALCUPE	COUNTRY
		СІТУ		STATE POSTAL CUPE	
MAILING ADDRESS COLLATERAL CHANGE:		CITY DD ∞llateral	DELÉTE collateral	<u> </u>	
MAILING ADDRESS	LEGAL DESCRIPTION:	DD ∞liateral	DELÉTE collateral	<u> </u>	COUNTRY
MAILING ADDRESS COLLATERAL CHANGE:	LEGAL DESCRIPTION: 7135 W. WRIGHT AVENUE, CHICAGO IL. 6070	DD ∞liateral	DELETE collateral	<u> </u>	COUNTRY
MAILING ADDRESS COLLATERAL CHANGE:	LEGAL DESCRIPTION: 7135 W. WRIGHT AVENUE, CHICAGO IL. 6070 PIN: 13-30-317-016-0000	DD collateral		RESTATE covered collateral	COUNTRY
MAILING ADDRESS COLLATERAL CHANGE: Indicate collateral:	LEGAL DESCRIPTION: 7135 W. WRIGHT AVENUE, CHICAGO IL. 6070	DD collateral 07 DIVERSEY AVENUE 15 OF THE SOUTHY	E SUBDIVISION, BEING A SUBDIV WEST X OF SECTION 30, TOWNS	RESTATE covered collateral	COUNTRY
MAILING ADDRESS COLLATERAL CHANGE: Indicate collateral:	LEGAL DESCRIPTION: 7135 W. WRIGHT AVENUE, CHICAGO IL. 6070 PIN: 13-30-317-016-0000 LOTS 1 AND 2 IN BLOCK 5 IN V.M. WILLIAMS IT THE WORTH K OF THE WEST K OF THE WEST	DD collateral DIVERSEY AVENUE OF THE SOUTHV CIPAL MERIDIAN, III	E SUBDIVISION, BEING A SUBDIV WEST X OF SECTION 30, TOWNSI N COOK COUNTY, ILLINOIS. Provide only <u>one</u> name (9a or 9b)	RESTATE covered collateral	COUNTRY ASSIGN collateral
MAILING ADDRESS COLLATERAL CHANGE: Indicate collateral: NAME OF SECURED PAR If this is an Amendment authorize 9a. ORGANIZATION'S NAME Greenwich Inves	LEGAL DESCRIPTION: 7135 W. WRIGHT AVENUE, CHICAGO IL. 6070 PIN: 13-30-317-016-0000 LOTS 1 AND 2 IN BLOCK 5 IN V.M. WILLIAMS IT THE NORTH IN OF THE WEST IN OF THE WEST NORTH, RANGE 13 EAST OF THE THIRD PRINCE TY OF RECORD AUTHORIZING THIS A	DD collateral DIVERSEY AVENUE SOF THE SOUTHV CIPAL MERIDIAN, II AMENDMENT: P	E SUBDIVISION, BEING A SUBDIV WEST % OF SECTION 30, TOWNS IN COOK COUNTY, ILLINOIS. Provide only <u>one</u> name (9a or 9b) in Ing Debtor	ISION OF Iname of Assignor, if this is an Assignment	COUNTRY ASSIGN collateral ent)
MAILING ADDRESS COLLATERAL CHANGE: Indicate collateral: NAME OF SECURED PAR' If this is an Amendment authorize 9a. ORGANIZATION'S NAME	LEGAL DESCRIPTION: 7135 W. WRIGHT AVENUE, CHICAGO IL. 6070 PIN: 13-30-317-016-0000 LOTS 1 AND 2 IN BLOCK 5 IN V.M. WILLIAMS IT THE NORTH % OF THE WEST % OF THE WEST NORTH, RANGE 13 EAST OF THE THIRD PRINCE TY OF RECORD AUTHORIZING THIS AND BED BOTOR, check here and provide	DD collateral DIVERSEY AVENUE OF THE SOUTHV CIPAL MERIDIAN, III	E SUBDIVISION, BEING A SUBDIV WEST % OF SECTION 30, TOWNS IN COOK COUNTY, ILLINOIS. Provide only <u>one</u> name (9a or 9b) in Ing Debtor	RESTATE covered collateral	COUNTRY ASSIGN collateral
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