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RHSP FEE:\$9.00 RPRF FEE: \$1
PADEN A VADEROUGH

UCC FINANCING STATEMENT AMENDM	ENT
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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@wolterskluwer.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 24710 - WINTRUST Lien Solutions 64431470

RHSP FEE:\$9.00 RPRF FEE: \$1.00	
KAREN A.YARBROUGH	
COOK COUNTY RECORDER OF DEEDS	
DATE: 06/11/2018 10:15 AM PG:	1 OF 2

Doc# 1816204018 Fee \$40.00

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<i>/</i> -		FIXTURE				
File w th:	: Cnok, IL		THE ABO	OVE SPACE IS FOR FILI	NG OFFICE US	E ONLY
a. INITIAL FINANCING STATEMENT FI 1527129069 9/28/2015 CC IL			or recorded) ir) لاسطا	IG STATEMENT AMENDME In the REAL ESTATE RECOR Indiment Addendum (Form UCC3A	RDS -	•
. X TERMINATION: Effectiveness of th	ne Financino Stalament idei	ntified above is terminated w	rith respect to the security	interest(s) of Secured Party	authorizing this Te	rmination
Statement						
ASSIGNMENT (full or partial): Prov For partial assignment, complete ite				name of Assignor in item 9		
CONTINUATION: Effectiveness of continued for the additional period		el tified above with respect t	to the security interest(s) o	of Secured Party authorizing	his Continuation S	tatement is
i. 🗌 PARTY INFORMATION CHANGE:		0/				
Check one of these two boxes:	<u>14</u>	ND Check one of a sea three b		400	D.E. 1	O:
This Change affects Debtor or S	Secured Party of record	CHANGE name s' item 6a or 6b; r <u>.nd</u> iter	7a or 7b <u>and</u> item 7c	ADD name: Complete item 7a or 7b, and item 7c	to be deleted in i	Give record name tem 6a or 6b
CURRENT RECORD INFORMATION:	Complete for Party Informa	tion Change - provide omy	ne name (6a or 6b)			
6a. ORGANIZATION'S NAME						
MAB CAPITAL MANAGEI	MENT, ELC		40			
66. INDIVIDUAL'S SURNAME		FIRST PERSO	ONAL NAM'	ADDITIONAL NAM	E(S)/INITIAL(S)	SUFFIX
CHANGES OF ARREST MESSAGE						
7. CHANGED OR ADDED INFORMATION 7a. ORGANIZATION'S NAME	N; Complete for Assignment or Par	ty Information Change - provide on	ly <u>one</u> name (7a or 7b) (se exa	k.i., full name; do not omit, modify, or a	bbreviate any part of the	Debtor's name)
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OR 76. INDIVIDUAL'S SURNAME				<u> </u>		
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7c. MAILING ADDRESS		CITY		STATE POSTA	COD:	COUNTRY
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COLLATERAL CHANGE: Also	check one of these four bo	xes: ADD collateral	DELETE collateral	RESTATE covered	collateral	ASSIGN collater
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NAME OF SECURED PARTY OF	RECORD AUTHORIZIN	IG THIS AMENDMENT:	Provide only one name (9	a or 9b) (name of Assignor, if	this is an Assignme	ent)
If this is an Amendment authorized by a	_	and provide name of author				
9a. ORGANIZATION'S NAME						
Wintrust Bank						
95. INDIVIDUAL'S SURNAME		FIRST PERSO	DNAL NAME	ADDITIONAL NAM	E(S)INITIAL(S)	SUFFIX
2 AATIANIA ENER RESERVACE DAT						

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: MAB CAPITAL MANAGEMENT, LLC 64431470 **ACBS** 100000005391

UNOFFICIAL COPY

SZYZEGOS 9/28/2015 CC IL COOK AME OF PARTY MITTORIZING THIS AMENDMENT: Same as fam 9 on Amendment form The ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY ADDITIONAL NAMESYNTIAL(S) ADDITIONAL SPACE OF TRIBAS (Calisores): ADDITIONAL SPACE FOR TITEM (Calisores): ADDITIONAL SPACE FOR TITEM (Calisores): BOOK SAME ADDI	-	NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amend	dment form		
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Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

Wintrust Bank

18. MISCELLANEOUS: 64431470-IL-31 24710 - WINTRUST BANK