

DI LOWINGTOLICTIONS	/IENT					
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294		*1826244049* Doc# 1826244049 Fee \$42.00				
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		- DUED 555	FEE: \$9.00 RPRF FEE: \$1.00			
1523 10512						
CSC 801 Adlai Stevenson Drive	'	KAREN A.YARBROUGH COOK COUNTY RECORDER OF DEEDS				
Springfield, IL 62703	Filed In: Illinois (Cook)	1	DATE: 09/19/2018 02:40 PH PG: 1 OF 3			
		THE AL	· · · · · · · · · · · · · · · · · · ·			
a. INITIAL FINANCING STATEMENT F'. E N JMBER 620729007 07/25/2016	(or recorded) in the REAL	ENT AMENDMENT is to be filed [for ESTATE RECORDS endum (Form UCC3Ad) <u>and</u> provide Debto				
TERMINATION: Effectiveness of the Financing Statement identification in the statement identification is the the statement identification identification identifica	ied above is terminated	with respect to the security interest	(s) of Secured Party authorizing this	Termination		
ASSIGNMENT (full or partial): Provide name of Ar signee in item For partial assignment, complete items 7 and 9 and Neg in cate af			Assignor in item 9			
CONTINUATION: Effectiveness of the Financing Statemer iden continued for the additional period provided by applicable law	n fied above with respec	to the security interest(s) of Secu	red Party authorizing this Continuation	on Statement is		
PARTY INFORMATION CHANGE:	heck on a of these three b	nyas to:				
Check one of these two boxes: This Change affects Debtor of Secured Party of record	CHANGI, name and/or item 6a x 6b; action	address: CompleteADD name	e: Complete item DELETE name; and item 7c DELETE name;			
CURRENT RECORD INFORMATION: Complete for Party Information		**	To be deleted in t	tern ou di do		
6a. ORGANIZATION'S NAME	C			i		
R 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	TMA A AL	ADDITIONAL NAME(S)/INITIAL(S)	Isuffix		
			riporriorite in ana(o)			
Porter	Alonzo		,			
CHANGED OR ADDED INFORMATION: Complete for Assignment or Part		only <u>one</u> name (7a or 7b) (100 exact, full nam	ne; do not omit, modify, or abbreviate any part o	f the Debtor's name		
		only <u>one</u> name (7a or 7b) ' exact, full nan	ne; do not omit, modify, or abbreviate any part o	f the Debtor's name		
CHANGED OR ADDED INFORMATION: Complete for Assignment or Part		only <u>one</u> name (7a or 7b) / exact, full nan	ne; do not omit, modity, or abbreviate any part o	f the Debtor's name		
CHANGED OR ADDED INFORMATION: Complete for Assignment or Part 7a. ORGANIZATION'S NAME		only <u>one</u> name (7a or 7b) ' exact, full nan	ne; do not omit, modify, or abbreviate any part o	f the Debtor's name		
CHANGED OR ADDED INFORMATION: Complete for Assignment or Part 7a. ORGANIZATION'S NAME		only <u>one</u> name (7a or 7b) / exact, full nan	ne; do not omit, modify, or abbreviate any part o	f the Debtor's name		
CHANGED OR ADDED INFORMATION: Complete for Assignment or Part 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME		only <u>one</u> name (7a or 7b) / exact, full nan	ne; do not omit, modify, or abbreviate any part o	i the Debtor's name		
CHANGED OR ADDED INFORMATION: Complete for Assignment or Part 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME		only <u>one</u> ຄຣານະ (7a or 7b) ′ູບລ exact, full nan	ne; do not omit, modify, or abbreviate any part o			
CHANGED OR ADDED INFORMATION: Complete for Assignment or Part 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME			STATE POSTAL COST			
CHANGED OR ADDED INFORMATION: Complete for Assignment or Part 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	ly Information Change - provide		STATE POSTAL COLT	SUFFIX		
CHANGED OR ADDED INFORMATION: Complete for Assignment or Part 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 and of these four boxes:	y Information Change - provide CITY ADD collateral		STATE POSTAL COLT	SUFFIX		
CHANGED OR ADDED INFORMATION: Complete for Assignment or Part 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: ARECICE ACCORDANCE OF THE ACT OF	CITY ADD collateral S# 2016E27683		STATE POSTAL COLT	SUFFIX		
CHANGED OR ADDED INFORMATION: Complete for Assignment or Part 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 and of these four boxes:	CITY ADD collateral S# 2016E27683		STATE POSTAL COLT	SUFFIX		
CHANGED OR ADDED INFORMATION: Complete for Assignment or Part 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: ARECICE ACCORDANCE OF THE ACT OF	CITY ADD collateral S# 2016E27683		STATE POSTAL COLT	SUFFIX		
CHANGED OR ADDED INFORMATION: Complete for Assignment or Part 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: ARECICE ACCORDANCE OF THE ACT OF	CITY ADD collateral S# 2016E27683		STATE POSTAL COLT	SUFFIX		
CHANGED OR ADDED INFORMATION: Complete for Assignment or Part 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: ARECICE ACCORDANCE OF THE ACT OF	CITY ADD collateral S# 2016E27683		STATE POSTAL COLT	SUFFIX		
CHANGED OR ADDED INFORMATION: Complete for Assignment or Part 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: ARRIGER ATC Condenser M# 24ACB348AON3 SDP Evaporator Coil M# HE35148A170 S# 7116	CITY ADD collateral S# 2016E27683	DELETE collateral Reservice control Reservice co	STATE POSTAL COST	SUFFIX COUNTRY ASSIGN collater		
CHANGED OR ADDED INFORMATION: Complete for Assignment or Part 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 and of these four boxes: ARRIER ATC Condenser M# 24ACB348AON3 SDP Evaporator Coil M# HE35148A170 S# 7116	CITY ADD collateral S# 2016E27683 6C20033	DELETE collateral Reservice control Reservice co	STATE POSTAL COST	SUFFIX COUNTRY ASSIGN collater		
CHANGED OR ADDED INFORMATION: Complete for Assignment or Part 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: ARRICAR ADDRESS PARRICAR ADDRESS NAME OF SECURED PARTY OF RECORD AUTHORIZING T If this is an Amendment authorized by a DEBTOR, check here and p	CITY ADD collateral S# 2016E27683 6C20033	DELETE collateral Reservoide only one name (9a or 9b) (name go better	STATE POSTAL COST	SUFFIX COUNTRY ASSIGN collater		

CCRD REVIEW

1523 10512

UNOFFICIAL COPY

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment 1620729007 07/25/2016 NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amend 12a. ORGANIZATION'S NAME Microf				
12a, ORGANIZATION'S NAME MICROF	iment form			
Microf				
}				
12b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
FIRST FERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL (S)	SUFFIX		•	
		THE ABOVE SE	ACE IS FOR FILING OFFICE U	JSE ONLY
. Name of DEBTOR on related financing stathment (Name of a current Debtor of reco	ord required for indexina			
one Debtor name (13a or 13b) (use exact, full r ame, do not omit, modify, or abbreviate any	y part of the Debtor's na	ime); see Instructions i	f name does not fit	,
13a. ORGANIZATION'S NAME				
R 13b. INDIVIDUAL'S SURNAME FIRST I	PERSONAL NAME	A	DDITIONAL NAME(\$)/INITIAL(\$)	SUFFIX
Porter				
	OUNTY.	Clark		
This FINANCING STATEMENT AMENDMENT: covers timber to be cut covers as-extracted collateral fis flied as a fixture. Name and address of a RECORD OWNER of real estate described in item 17 (If Debtor does not have a record interest): 2997 Kristine Ln ichton Park, IL 60471	17 Description PIN: 31-3	of real estate 35-326-001-00	000. See attached Exhil	bit.

LOT 33 IN FARM TRACE SUBDIVISION PHASE 1, BEING A SUBDIVISION OF PART OF THE SOUTHWES 1/4 OF THE SOUTHWES THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS Stopology Ox Coc My Clert's Office