## UNOFFICIAL COPY

DOC # 1924945059 Fee #38.00  RAME OF PICKETS, 0.00 APREFEE: \$1.00  RAMP FEE: 99,00 APREFEE: \$1.00  EDWARD IN MODOY  COOK COUNTY RECORDER OF BEEDS  SPENIAL FRANCHIOS STATEMENT (Name and Address)  Filed In: Illinois  COOK  Filed In: Illinois  COOK  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  Filed In: Illinois  COOK  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INTIAL FRANCHIO STATEMENT (IS KNIMBER  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE O		,	*1924945659*				
DILLOW INTERFLUCTIONS  WHICH E PRIVATE CONTACT AT FILER (optional)  SCHOLAGO ASS-0-224  E RANL CONTACT AT FILER (optional)  SCHOLAGO ASS-0-224  E RANL CONTACT AT FILER (optional)  SEND AGES  SEND ACKNOWLEGGIER IT TO: (Name and Address)  Filed In: Illinois  CSC  CSC  CSC  CSC  CSC  CSC  CSC  C	ICC FINANCING STATEMENT AMENDMEN	JT	. Doc:	‡ 19249	45059 Fee \$80	3.00	
NAME of SECURED RANGE (SUBMAN)  EDHARD II. 1000Y  COSC 1-800-058-5294  CONTROL AT FILER (optional)  COSC 3-800-058-5294  CONTROL AT FILER (optional)  DATE: 69/66/2819 16:32 PH PG: 1 OF 3  DATE: 69/66/2819 16:32 PH PG: 1 OF 3  DATE: 69/66/2819 16:32 PH PG: 1 OF 3  TEBO 04665  CSC  SCS 801 Addit Silverenon Drive  SPITIGRIGIO, II. 52707  Filed In: Illinois  (Cook)  THE ABOVE SPACE IS FOR FILING OFFICE USE CMLY  INTITIAL FINANCING STATEMENT FILE COMMER  INTITIAL FIRE FIRE FIRE COMMER  INTITIAL FIRE FIRE COMMER  INTITIAL FIRE FIRE COMMER  INTITIAL FIR			DHED	EEE.co o	. DD05 FFF. 61 AA		
E.MAIL CONTACT AT FLER (CISIONS)		,					
SPRETINGGOSOGIONED COMPANDE (Name and Address)  DATE: 65/65/2819 16:32 pt DC: 1 0F 2  TREADOUS SPACE IS FOR FLING OFFICE USE ONLY  ANTIAL PROACHO STATEMENT FOR NUMBER  BY 1621/2007 06/11/2015  THE ABOUT SPACE IS FOR FLING OFFICE USE ONLY  ANTIAL PROACHO STATEMENT FOR NUMBER  BY 1621/2007 06/11/2015  THE ABOUT SPACE IS FOR FLING OFFICE USE ONLY  ANTIAL PROACHO STATEMENT AMERICABING OFFICE USE ONLY  A STATEMENT TON. Effectiveness of the Price of Statement Identified above is terminated with respect to the security Interest(s) of Secure Party extrinciting that Termination  ASSIGNMENT full or partiell. Provide raties of Addresse in Item 7 or 75, and editines of Addresse in Item 70 and of Statement Identified above with respect to the security Interest(s) of Secure Party extrinciting that Termination  CONTINUATION. Effectiveness of the Price office of Addresse of Addresses of Addr			-{				
THE ABOVE SPACE IS FOR FILING OFFICE USE OMLY   SPRINGFIEld, IL 62707   Filed In: Illinois						1 OF 3	
SGC STAGE IS SEVENDED DIVE Springfield, IL 8270*  Filed In: Illinois (COOR)  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  IT THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  IT THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  IT THE ABOVE SPACE IS FOR FILING O		_					
Springfield, it. 6270?    Item		ı					
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  IN MITIAL FIRMACING STATEMENT FILE (NUMBER)  It ID THE FIRMACING STATEMENT AMERICANDS  IT THE FIRMACING STATEMENT AMERICANDS  I	Code Sold II 60702	ad in: Illinois			-		
In			·				
STERMINATION: Effectiveness of the Privancing Statement Identified above is terminated with respect to the security Interest(e) of Secured Perty authorizing this Termination Statement	A INITIAL FINANCING CYATCHES AND AUGUST OF THE PROPERTY OF THE						
TERMINATION: Effectiveness of the Privatery, Statement Identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement		•	(or recorded) in the R	EAL EŞTATE I	RECORDS		
ASSIGNMENT (full or partial): Provide name of Assignore in item 7 or 75, and address of Assignee in item 7 and name of Assignor in item 9 For partial assignment, complete terms 7 and 9 and (into intem 6 CONTINUATION: Effectiveness of the Financing Statisment II—unified above with respect to the security interest(e) of Secured Party authorizing this Continuation Statement Is continued for the additional particle level    PARTY INFORMATION CHANGE:   AND China and the particle of the security interest(e) of Secured Party authorizing this Continuation Statement Is continued for the additional particle level   PARTY INFORMATION CHANGE:   AND China and the particle of the security interest(e) of Secured Party authorizing this Continuation Statement Is continued for the board of the security interest(e) of Secured Party authorizing this Continuation Statement Is continued to the security interest(e) of Secured Party authorizing this Continuation Statement Is continued to the security interest(e) of Secured Party authorizing this Continuation Statement Is continued to the security interest(e) of Secured Party authorizing this Continued to Continued to the security interest(e) of Secured Party authorizing this Continued to Continued to the security interest(e) of Secured Party authorizing this Continued to the security interest(e) of Secured Party authorizing this Continued to the security interest(e) of Secured Party authorizing this Continued to the security interest(e) of Secured Party authorizing this Continued to the Secured Party of Party of Party of Party of Party of Party interestor Change interest (e) and fine for 75 a		ove is terminated t					
For partial assignment, complete litems 7 and 8 and (no) licitives affected collateral in litem 6  CONTINUATION: Effectiveness of the Financing Statistiment Multified above with respect to the ascurity interest(s) of Secured Party euthorizing this Continuation Statement is continued for the additional period provided by applicable lev  PRATY INFORMATION CHANGE: Chack agg of these two boxes:  AND Chick agg of these two boxes:  CURRENT RECORD INFORMATION: Complete for Party information Changes provide only agg an manual (so or 8b)  Take of the party of the additional than 6a or 6b or 6b.  AND Chick agg of these two boxes:  CHANGED OR ADDED INFORMATION: Complete for Assignment or Party information Changes - provide only agg area.  The CHANGED OR ADDED INFORMATION: Complete for Assignment or Party information Changes - provide only agg area.  The CHANGE Agg of these four boxes:  AND CHANGE OR ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX.  TO INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S GUITANA Agg of these four boxes:  AND CHANGE OR SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only agg name (9a or 9b) (name of Assignor, 11 this is an Assignment) if this is an Amendment authorized by a DESTOR, check here   and provide name of authorizing Destor Party Individual's Surname  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX.					·		
PARTY INFORMATION CHANGE: AND Chiese and the service boxes to: Check care of these bive boxes: Check care of these bive bive for these bive for boxes: Check care of these bive boxes: Check care of these bive bive for these bive for boxes: Check care of these bive bive for these bive for boxes: Check care of the bibliotist and bibli	ASSIGNMENT (full or partial): Provide name of Assignee in Item 7s or For partial assignment, complete Items 7 and 9 and 7 so 1 idleste affected	7b, <u>and</u> address o I collateral in item	f Assignee in Item 7c <u>and</u> nar 8	ne of Assignor	in item 9		
Check page of these two boxes:  Check page of the page of these two boxes:  Check page of the page of these two boxes:  Check page of the page of the page of the page of these tour boxes:  Check page of the page of		above with respec	t to the security interest(s) of	Secured Party	authorizing this Continuation	on Statement is	
CINAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only gog name (Sea or 9b) (name of Assignor, Mithis is an Assignment)   Trust, as Agent		Contract to the second					
CURRENT RECORD INFORMATION: Complete for Party Information Change provide only one name (See or 8b)  Go. ORGANIZATION'S NAME MICE PURISHED ASSIGNMENTIAL(S)  Go. INDIVIDUAL'S SURNAME  Go. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  To. ORGANIZATION'S NAME  To. INDIVIDUAL'S SURNAME  INDIVIDUAL'S SURNAME  INDIVIDUAL'S SURNAME  To. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  CITY  STATE  COLLATERAL CHANGE: Also check goe of these four boxes: ADD collateral DELETE collateral RESTATE covered collater, I ASSIGN collateral Indicate collateral:  NAME of SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (Ge or 9b) (name of Assignor, If this is an Assignment)  To ORGANIZATION'S NAME MICE OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (Ge or 9b) (name of Assignor, If this is an Assignment)  This is an Amendment subnotzed by a DESTOR, check here and provide name of authorizing Debtor  For ORGANIZATION'S NAME MICE OF FUNDING VITTUST, AS AGENT  FOR INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	Chack gifte of these two boxes.			name: Comple	te item DELETE name:	Give record name	
R 66. INDIVIDUAL'S SURNAME  FIRST PERSONA _ NAME  FIRST PERSONA _ NAME  CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only gog nam (its if 7b) (use exact, fill name; do not onth, modify, or abtriviate any part of the Debtor's name)  76. ORGANIZATION'S NAME  INDIVIDUAL'S SURNAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  5. MAILING ADDRESS  CITY  STATE  FIRST PERSONAL NAME  COLLATERAL CHANGE: Alag check sog of these four boxes: ADD collateral  Indicate collateral:  NAME or SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only gog name (is or 9b) (name of Assignor, fit this is an Assignment)  If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  96. ORGANIZATION'S NAMEM/IdCap Funding VII Trust, as Agent  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUFFIX  SUFFIX  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUFFIX  SUFFIX  SUFFIX  SUFFIX  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUFF				70, <u>2112</u> (6117)		terri da di da	
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party information Change - provide only one name (Table 175) (use seed, 101 name; do not one), readily, or abbreviate any part of the Debtor's name)  7a. ORGANIZATION'S NAME    INDIVIDUAL'S SURNAME	6a. ORGANIZATION'S NAME MIdCap Funding VII Trust, as A	Agent					
TAL INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  CITY  STATE  POSTA GODE  COUNTRY  COLLATERAL CHANGE: Also check and of these four boxes: ADD collateral  Indicate collateral:  NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT: Provide only god name (9a or 9b) (name of Assignor, if this is an Assignment)  If this is an Amendment suthorized by a DESTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME MICCap Funding VII Trust, as Agent  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUFFIX  CONTACT AND C	R Bb. INDIVIDUAL'S SURNAME	FIRST PERSO	NA - NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
TAL INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  CITY  STATE  POSTA GODE  COUNTRY  COLLATERAL CHANGE: Also check and of these four boxes: ADD collateral  Indicate collateral:  NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT: Provide only god name (9a or 9b) (name of Assignor, if this is an Assignment)  If this is an Amendment suthorized by a DESTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME MICCap Funding VII Trust, as Agent  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUFFIX  CONTACT AND C			40				
R TD. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  CITY  SYATE  PUSYAL CODE  COUNTRY  COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral  Indicate collateral:  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only got name (9a or 9b) (name of Assignor, if this is an Assignment)  If this is an Amendment authorized by a DESTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME MICCap Funding VII Trust, as Agent  R DELETE collateral  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  CONTINUED REFERENCE DAYLY DAYLES CAMBELL OF STREAMM/COOL UNITED RAPTNIERS (S)/INITIAL(S)  SUFFIX		nation Change - provide	only one nam (78 / 7b) (use exect,	vil name; do not or	nit, modify, or abbreviate any part of	f the Debtor's name)	
INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  CITY  STATE PUSTAL CLUE  COUNTRY  COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral  Indicate collateral:  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (Ga or 9b) (name of Assignor, If this is an Assignment)  If this is an Amendment authorized by a DESTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME MICCap Funding VII Trust, as Agent  R  BD. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX							
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  IMAILING ADDRESS  CITY  STATE  POSTA_CAE  COUNTRY  COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral  Indicate collateral:  NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (se or 9b) (name of Assignor, If this is an Assignment)  If this is an Amendment authorized by a DESTOR, check here and provide name of authorizing Debtor  Ga. ORGANIZATION'S NAME MICCap Funding VII Trust, as Agent  Pirst personal NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	75. INDIVIDUAL'S SURNAME			3			
EMAILING ADDRESS  CITY  STATE  PUST COME  COUNTRY  COLLATERAL CHANGE: Also check one of these four boxes:  ADD collateral  Indicate collateral:  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  9a. ORGANIZATION'S NAME MICCap Funding VII Trust, as Agent  PIRST PERSONAL NAME  ADDITIONAL NAME(S)(NI)TIAL(S)  SUFFIX	INDIVIDUAL'S FIRST PERSONAL NAME						
EMAILING ADDRESS  CITY  STATE  PUST COME  COUNTRY  COLLATERAL CHANGE: Also check one of these four boxes:  ADD collateral  Indicate collateral:  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  9a. ORGANIZATION'S NAME MICCap Funding VII Trust, as Agent  PIRST PERSONAL NAME  ADDITIONAL NAME(S)(NI)TIAL(S)  SUFFIX				$T_{c}$			
COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE colleteral RESTATE covered collateral Indicate collateral:  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 DESTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME MICCap Funding VII Trust, as Agent  Pob. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME (S)INITIAL(S) SUFFIX	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			O		SUFFIX	
Indicate collateral:  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only gog 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  9a. ORGANIZATION'S NAME Mid Cap Funding VII Trust, as Agent  R 9b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	D. MAILING ADDRESS	CITY		STATE	PUSTA, COUE	COUNTRY	
Indicate collateral:  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only goe name (9a or 9b) (name of Assignor, 1f this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME Mid Cap Funding VII Trust, as Agent  8		1 1 1	•				
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only goe name (9a or 9b) (name of Assignor, 1f this is an Assignment)  If this is an Amendment suthorized by a DEBTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME MICCap Funding VII Trust, as Agent  Bb. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX							
If this is an Amendment suthorized by a DESTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME MidCap Funding VII Trust, as Agent  9b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	COLLATERAL CHANGE: Also check one of these four boxes: A	DD collateral	DELETE collateral	RESTATE	overed collater	ASSIGN collateral	
If this is an Amendment suthorized by a DESTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME MidCap Funding VII Trust, as Agent  9b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		DD collateral	DELETE collateral	RESTATE	overed collater (	ASSIGN collateral	
If this is an Amendment suthorized by a DESTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME MidCap Funding VII Trust, as Agent  8 bb. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  ORGANIZATION'S NAME MID PREFERENCE DATA Polyters SAMBELL OF STREAMMOOD LIMITED PARTNERSHIP. 1st Liep		DD collateral	DELETE collateral	RESTATE	overed collater [	ASSIGN collateral	
If this is an Amendment suthorized by a DESTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME MidCap Funding VII Trust, as Agent  9b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX		DD collateral	DELETE collateral	RESTATE	overed collater.	ASSIGN collateral	
If this is an Amendment suthorized by a DESTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME MidCap Funding VII Trust, as Agent  9b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		DD collateral	DELETE collateral	RESTATE	overed collater.	ASSIGN collateral	
If this is an Amendment suthorized by a DESTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME MidCap Funding VII Trust, as Agent  8 bb. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  ORGANIZATION'S NAME MID PREFERENCE DATA Polyters SAMBELL OF STREAMMOOD LIMITED PARTNERSHIP. 1st Liep		DD collateral	DELETE collateral	RESTATE C	overed collater.	ASSIGN collateral	
BE INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  CONTINUE OF STREET PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	Indicate collateral:  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS	AMENDMENT:	Provide only <u>one</u> name (9a or 1		-0		
O ODTIONAL SUSTREME DATA DATA DATA DATA DATA DATA DATA DAT	Indicate collateral:  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment suthorized by a DEBTOR, check here and provide	AMENDMENT:	Provide only <u>one</u> name (9a or 1		-0		
0. OPTIONAL FILER REFERENCE DATA Debtor: SAMBELL OF STREAMWOOD LIMITED PARTNERSHIP-:1st Lien 1690 0466	Indicate collateral:  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment suthorized by a DESTOR, check here and providing of the second support of the sec	AMENDMENT: e name of authoriz Agent	Provide only <u>one</u> name (Sa or t ing Debtor	ib) (name of As	signor, if this is an Assignme	enl)	
	Indicate collateral:  NAME of SECURED PARTY of RECORD AUTHORIZING THIS If this is an Amendment suthorized by a DESTOR, check here and provided a ORGANIZATION'S NAME MIDCap Funding VII Trust, as	AMENDMENT: e name of authoriz Agent	Provide only <u>one</u> name (Sa or t ing Debtor	ib) (name of As	signor, if this is an Assignme	enl)	

CC+11907303LOKK 8)

S <u>/</u> P <u>/3</u> S <u>/</u> M \_ SC \_



1924945059 Page: 2 of 3

## **UNOFFICIAL COPY**

UCC FINANCING STATEMENT AMENDME FOLLOWINSTRUCTIONS	ENT ADDENDUM		•	
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as Item 1a 1816212007 06/11/2018	on Amendment form	i		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as its	m 9 on Amendment form			
12a ORGANIZATION'S NAME MidCap Funding VII Trust, as Agent				
			•	
OR				
12b. INDIVIDUAL'S SURNAME				
FIRST PERSON'L N.V.				
ADDITIONAL NAME(S)/II (TIP L(S)	SUFFIX			
70		THE ABOVE SF	ACE IS FOR FILING OFF	ICE USE ONLY
13. Name of DEBTOR on related financing streament (Name of a current one Debtor name (13a or 13b) (use exact, full nem a; do not omit, modify, or				item 13): Provide only
13a. ORGANIZATION'S NAME			,	
OR 13b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	A	DDITIONAL NAME(S)/INITIAL(	S) SUFFIX
·				
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):	04			
	T COUNT			•
	0,			
	<sup>3</sup> /);	Κ,		
	S			
	į		•	•
		4/0	•	
		Clark		
·				
			S	
	·			
•		ļ ,	. 0/5	
	•			
	- La			
15. This FINANCING STATEMENT AMENDMENT:  Covers timber to be cut  Covers as-extracted collateral  [7] Is fi			hed hereto as Exhi	of A and made
16. Name and address of a RECORD OWNER of real estate described in item 17	a part n	ereof.		
(if Debtor does not have a record interest): West Suburban Bank, as Trustee U/T/A dated 8/11	/1988 and			
known as Trust No. 8820				
•				
				*,
•				
		•		
	,	;	•	
			<u> </u>	
18. MISCELLANEOUS:		<b>f</b> :		

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT ADDENDUM (Form UCC3Ad) (Rev. 04/20/11)

1924945059 Page: 3 of 3

## **UNOFFICIAL COPY**

(Streamwood)

## EXHIBIT A LEGAL DESCRIPTION

That part of the Northwest 1/4 of the Southwest 1/4 of Section 25, Township 41 North, Range 9, East of the Third Principal Meridian, in Hanover Township, Cook County, Illinois, described as follows:

Commencing at the Southwesterly Corner of Woodland Heights Subdivision, Unit No. 3, as recorded in the recorder's Office of Cook County, Illinois on February 5, 1963 as document 18713628, said point being at the Intersection of the Westerly line of the Southeast 1/4 of the Northeast 1/4 of Section 26 and the centerline of state coute No. 19 thence along the centerline of said State Route No. 19 on an assumed bearing of South 73 degrees 28 minutes 41 seconds East a distance of 645.02 feet to a point of curve; thence continuing along the centerline of said State Route No. 15 along a curve to the left whose radius is 22,923.27 feet, whose arc is 232.50 feet and whose chord bears South 73 degrees, 54 minutes, 37 seconds East a distance of 232.49 feet to the centerline of street. West of the junior high school property; thence continuing along the centerline of said State Route No. 19, along a curve to the left, whose radius is 22,923.27 feet, whose arc is 743,38 feet and whose chord bears South 74 degrees, 59 minutes, 21 seconds East a distance of 743.35 feet to the centerline of Shirley Avenue, to the point of beginning of this tract; thence continuing along said centerline of state route No. 19 along a curve to the left whose radius of 22,923.27 feet, whose arc is 430.02 feet and whose chord bears South 75 degrees, 31 minutes, 35.5 seconds East a distance of 429.98 feet; thence South 16 degrees, 31 minutes 20 seconds West 50.09 feet to the South line of Said State Route No. 19; thence Westerly along said South Line, 116.94 feet; thence Southerly along a curve to the left having a radius of 340.0 feet, an arc length of 157.16 feet, a chord bearing of South 6 degrees 47 minutes 45 seconds East, to a point of reverse curve thence Southerly along a curve to the right having a radius of 280 feet, an arclength of 162.06 feet (meas.=M162.09 feet), a chord bearing of South 3 degrees, 2% minutes 16 seconds east; thence North 76 degrees 27 minutes 16 seconds West 429.51 feet to the centerline of Shirley Avenue; thence North 16 degrees 31 minutes 20 seconds East along said centerline 350 feet to the point of beginning, (excepting thereform the Northerly 50.00 feet as measured perpendicular to the Northerly line and also excepting the Westerly 30.00 feet as measured perpendicular to the Westerly line) in Cook County, Illinois.

PIN: 06-25-300-018

815 E. Irving Park Road, Streamwood, IL 60107