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UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS			#212742x	201 a.s
A. NAME & PHONE OF CONTACT AT FILER (optional) Kathy Sabol (330) 872-0918		1	Doc# 2127428019	:01;x Faa : 00 00
B. E-MAIL CONTACT AT FILER (optional)			2001 2121420019	1 55 \$00.00
kathy.sabol@cadleco.com			KAREN A. YARBROUGH	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			COOK COUNTY CLERK	
l	\neg		DATE: 10/01/2021 11:	59 AM PG: 10
The Cadle Company	1			
100 North Center Street				
Newton Falls, CH 44444	,		×	
		THE ADOME SDA	CE IS FOR FILING OFFICE U	SE ONLY
1a. INITIAL FINANCING STATEMENT OF A JMBER	1b		MENT AMENDMENT is to be filed	
1616729006		(or recorded) in the REAL		
TERMINATION: Effectiveness of the Financia Statement identified above is Statement	terminated with			
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and For partial assignment, complete items 7 and 9 and itso in that affected collaters.		ssignee in item 7c <u>and</u> name c	of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statemen' identified above continued for the additional period provided by applicable law	with respect to	the security interest(s) of Sec	tured Party authorizing this Continu	uation Statement is
5. PARTY INFORMATION CHANGE:				,
Check one of these two boxes: AND Chec on of a	nese three boxe name and/or add		ne: Complete itemDELETE nar	me: Give record name
This Change affects Debtor or Secured Party of record item 6a x 6	6b; and item 7a	or 7b and item 7c 7a or 7b,		d in item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information Change - 6a, ORGANIZATION'S NAME	pr vide o lly one	g name (6a or 6b)		
OR 6b. INDIVIDUAL'S SURNAME FIR	RST PERSON»	11/25	LACOITIONAL MANGEOGRAPHICAL CO	S) (SUFFIX
OR INDIVIDUAL 3 SOLVANIC	AST PERSONAL	10-10-1	ADDITIONAL NAME(S)/INITIAL(S	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Ch	bange - nrovide only	one nom: , a or 7b) (use exact, full na	ame: do not omit, moduly, or abbreviate any o	nart of the Debtor's name)
7a, ORGANIZATION'S NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C	,	
7b. INDIVIDUAL'S SURNAME		0	۷,	
INDIVIDUAL'S FIRST PERSONAL NAME			S	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		<u> </u>	<u> </u>	SUFFIX
7c. MAILING ADDRESS [CIT	TV		STATE POSTAL CODE	COUNTRY
TO WINDING ADDRESS	. 1		STATE TOSTALOUNE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD coll Indicate collateral:	llatera!	DELETE collateral F	RESTATE covered collateral	ASSIGN collateral
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEN	NDMENT: Prov	ride only <u>one</u> name (9a or 9b) (r	name of Assignor, if this is an Assig	nment)
If this is an Amendment authorized by a DEBTOR, check here and provide name				
The Cadle Company, Assignee for Collection				
OR L	RST PERSONAL	NAME	ADDITIONAL NAME(S)/INITIAL(S	S) SUFFIX
OV. HOPPIDAL & SOUTHWILE	KUT FERBUNAL	, FRENITIE	PODELLONYE HAME(S)NULLYE) SUFFIA
10. OPTIONAL FILER REFERENCE DATA: 01590067 - Debtor: Terrance Elane: This is an assignment				

2127428019 Page: 2 of 2

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FOLLOWINSTRUCTIONS	
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment for 1616729006	n
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment	form
12a. ORGANIZATION'S NAME The Cadle Company, Assignee for Collection	
The Caule Company, Assignee for Concetion	
OR	
12b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INIT(C)	SUFFIX
	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
13. Name of DEBTOR on related financing ".atc" cent (Name of a current Debtor of record in one Debtor name (13a or 13b) (use exact, full in one do not omit, modify, or abbreviate any par	
13a. ORGANIZATION'S NAME	of the Debion S Hamely, see instructions if hame upos not in
OR CONTROL TO THE CONTROL OF THE CON	
13D. INDIVIDUAL'S SURNAME	ONAL NAME ADDITIONAL NAME(\$)/INITIAL(\$) SUFFIX
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):	
	240
15. This FINANCING STATEMENT AMENDMENT:	17. Description of real estate: