UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141				
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	8839 - BCM (UCC's)			
Lien Solutions P.O. Box 29071	83973233			
Glendale, CA 91209-9071	ILIL			
	FIXTURE			
File with: Cook, IL				

Doc# 2135633034 Fee \$93.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

B. E-MAIL CONTACT AT FILER (optional)	COOK COUNTY CLERK			
uccfilingreturn@wolterskluwer.com	DATE: 12/22/2021 11:28 AM PG: 1 OF 4			
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 8839 - B	BCM (UCC's)			
				
P.O. Box 29071	973233			
Glendale, CA 91209-9071	<u>L</u>			
, FIX	(TURE			
File v.ih: Cook, IL a. INITIAL FINANCING STATEMENT FIL: NUMBER	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b.			
1716304040 6/12/2017 CC II Ccok	(or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13			
TERMINATION: Effectiveness of the Fir ancinc Statement identified a Statement	above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination			
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or For partial assignment, complete items 7 and 9 and als a in dicate affe	or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9 ected collateral in item 8			
CONTINUATION: Effectiveness of the Financing Statemer cidentified continued for the additional period provided by applicable law	above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is			
. PARTY INFORMATION CHANGE:	0			
Check guie of these two doxes.	տ ջոլց of these three boxes to: CHA MOE name and/or address: Complete ADD name: Complete item DELETE name: Give record name			
This Change affects Debtor or Secured Party of record	item 6a or ob; and item 7a or 7b and item 7c 7a or 7b, and item 7c to be deleted in item 6a or 6b			
 CURRENT RECORD INFORMATION: Complete for Party Information Cha 6a. ORGANIZATION'S NAME 	ange - provide only <u>one</u> name (6a or 6b)			
855 HINMAN, LLC				
DR 66, INDIVIDUAL'S SURNAME	FIRST PERSONAL 'AN'_ ADDITIONAL NAME(SYINITIAL(S) SUFFIX			
	ation Change - provide only one name (72 /b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)			
7a. ORGANIZATION'S NAME				
OR 76 INDIVIDUAL'S SURNAME				
70. INDIVIOUAL S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
	0.			
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)	SUFFIX			
	-//¢;			
7c. MAILING ADDRESS	CITY STATE POSTAL COOL COUNTRY			
<u> </u>	ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral			
Indicate collateral:	s Y			
	P4			
	3			
	Ba V			
, NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS	S AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)			
	ovide name of authorizing Debtor			
9a. ORGANIZATION'S NAME CMFG LIFE INSURANCE COMPANY				
OR 96 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX			
	EC see _ 4.			
O. OPTIONAL FILER REFERENCE DATA: Debtor Name: 855 HINM.	AN LIC			
3973233 786253173	1			

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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

	LOW INSTRUCTIONS	IDDEIADOM				
11. I	NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendo	ment form	1			
171	6304040 6/12/2017 CC IL Cook					
12.	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Am 12a. ORGANIZATION'S NAME	endment form				
	CMFG LIFE INSURANCE COMPANY					
OR	12b. INDIVIDUAL'S SURNAME					
	FIRST PERSONAL NAME					
	ADDITIONAL NAME(S)INITIAL(')	SUFFIX				
	70 -		THE ABOVE SPACE IS FOR FILING OFFICE U	SE ONLY		
13.	Name of DEBTOR on related financing states, and (Name of a current Debtor of	record required for indexing	purposes only in some filing offices - see Instruction iter			
	one Debtor name (13a or 13b) (use exact, full lam do not omit, modify, or abb	previate any part of the Debt	or's name), see Instructions if name does not fit			
	13a. ORGANIZATION'S NAME 855 HINMAN, LLC					
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(SVINITIAL(S)	SUFFIX		
	·					
	ADDITIONAL SPACE FOR ITEM 8 (Collateral):			<u>'</u>		
	tor Name and Address: HINMAN, LLC - 100 NORTH LASALLE STREET SUITE 1200	LICAGO II 60602				
Sec CM	ured Party Name and Address: FG LIFE INSURANCE COMPANY - 5910 MINERAL POINT ROA	D , MADISON, WI 537	05			
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			$O_{x_{-}}$			
			C)			
15	This FINANCING STATEMENT AMENDMENT:	17 Descripti	ion of real estate:			
		l '	ERTY ADDRESS:			
	Name and address of a RECORD OWNER of real estate described in item 17 f Debtor does not have a record interest):		ERTITION NEOD.			
,	, <u>25516</u> , <u>2555</u> 164 164 0 4 7555 (4 71.07554).	855 HI	NMAN AVENUE			
			STON, IL			
			31314, 12			
		TAXP	ARCEL ID:			
		[,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		11-19-	402-001-0000			
		' ' ' -	402-002-0000			
		[See Ex	hibit for Real Estate]			
18 1	AISCELLANEOUS: 83973233-IL-31 8839 - BCM (UCC's) CMEG LI	FE INSURANCE COMPANY	File with: Cook, II 786253173 1			

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Debtor: 855 HINMAN, LLC

Exhibit for Real Estate

17. Description of real estate:

Continued

11-19-402-003-0000

Parcel ID: SEE ABOVE

NE OF COOF COUNTY CIERTS OFFICE ::... ST. ROOM 120 CHICAGO, IL 60602-1387

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EXHIBIT B TO UCC-1 FINANCING STATEMENT

Description of Real Estate

Debtor:

Secured Party:

855 i ileman, LLC 100 North LaSalle Street, Suite 1200 Chicago, 1/2 60602 Organization, 1/3 57-1185003

CMFG Life Insurance Company c/o MEMBERS Capital Advisors, Inc. 5910 Mineral Point Road Madison, WI 53705

Contion Office

LOTS 1, 2, 3 AND 4 IN BLOCK 10 IN THE RESUBDIVISION OF THE WEST HALF OF BLOCK 10 AND OF THE EAST HALF OF BLOCK 11 IN WHITE'S ADDITION TO EVANSTON IN SECTION 17, TOWNSHIP 41 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED NOVEMBER 13, 1873, IN BOOK OF PLATS PAGE 64, IN COOK COUNTY, ILLINOIS.

COMMONLY KNOWN AS: 855 HINFAAN AVE., EVANSTON, IL 60202 (8 STORY BRICK BUILDING WITH PARKING AND PARI (ING LOT)

PINS: 11-19-402-001-0000; 11-19-402-001-0002 AND 11-19-402-001-0003

131754911v1 099713E