

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

STATE UI LAKE COURT FILED FOR RECORE

2005 000005

2005 JAN -4 PM 12: 13

VN

Α. Ι	NAME AND PHONE OF CONTACT AT FILER (optional)  Judy Layette 708-873-4915			MICH/	EL AL BROV EUORLER
В. 3	SEND ACKNOWLEDGMENT TO: (Name and Address)			9.15	- 0-60 14 050 1
	GMAC				
	PO Box 466				
	Orland Park, IL 60462				
	1				
		THE ABOVE SI	DACE IS E	OR FILING OFFICE	HEE ONLY
1a.	INITIAL FINANCING STATEMENT FILE #	THE ABOVE 9	1b. This FII	NANCING STATEMEN	IT AMENDMENT is
	2002 001558		T to be	filed (for record) (or STATE RECORDS	recorded) in the
2.	TERMINATION: Effectiveness of the Financing Statement identified above is	s terminated with respect to security interest(s) of the	Secured Party	authorizing this Termination	on Statement.
3.	CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	with respect to security interest(s) of the Secured Pa	rty authorizing	this Continuation Stateme	ent is
4. [	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	ddress of assignee in item 7c; and also give name of	assignor in iter	n 9.	
	MENDMENT (PARTY INFORMATION): This Amendment affects Debte		of these two bo	xes.	
Al	so check one of the following three boxes and provide appropriate information in ite CHANGE name and/or address: Give current record name in item 6a or 6b; a	The second secon	name $\square$	ADD name: Complete ite	om 7a or 7h, and also
	name (if name change) in item 7a or 7b and/or new address (if address change		name	item 7c; also complete iter	
6. C آ	URRENT RECORD INFORMATION: 6a. ORGANIZATION NAME				
- 1	General Motors Acceptance Corporation				
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
7. CI	HANGED (NEW) OR ADDED INFORMATION:	1			
	7a. ORGANIZATION NAME				_
OR-					
	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	MIDDLE NAME SUFFI	
7 c. N	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
0. 1	15303 94th Avenue	Orland Park	IL	60462	USA
	ADD'L INFO RE 76, TYPE OF ORGANIZATION	N 7f. JURISDICTION OF ORGANIZATION		GANIZATIONAL ID #, if	f any
	ORGANIZATION Corporation	Indiana			☐ NONE
	MENDMENT (COLLATERAL CHANGE): check only one box				
D	escribe collateral 🔲 deleted or 🔲 added, or give entire 🔲 restated collateral o	description, or describe collateral assigned.			
N/	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	NOMENT (name of assignor, if this is an Assignment	nt\ If this is an	Amandmant authorized t	ny a Debtor which
	lds collateral or adds the authorizing Debtor, or if this is a Termination authorized				by a Debiol Wilcii
Γ	9a. ORGANIZATION NAME				
	General Motors Acceptance Corporation				
)R	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
$\perp$	OPTIONAL FILER REFERENCE DATA				
	Lake County, IN Shaver Motors, Inc.				