

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|  |  |
|--|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br>Diligenz, Inc. 1-800-858-5294  |  |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)<br>7890222<br>Diligenz, Inc.<br>6500 Harbour Heights Pkwy<br>Suite 400<br>Mukilteo, WA 98275 |  |
| Filed in: Alabama Shelby   |  |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| 1a. INITIAL FINANCING STATEMENT FILE #<br>200118666 05/09/2001  |                                   | 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.<br><input type="checkbox"/> |  |
| 2. <input checked="" type="checkbox"/> <b>TERMINATION:</b> Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.  |                                   |  |  |
| 3. <input type="checkbox"/> <b>CONTINUATION:</b> Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.   |                                   |  |  |
| 4. <input type="checkbox"/> <b>ASSIGNMENT (full or partial):</b> Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.   |                                   |  |  |
| 5. <b>AMENDMENT (PARTY INFORMATION):</b> This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes.<br>Also check <u>one</u> of the following three boxes and provide appropriate information in items 6 and/or 7.<br><input type="checkbox"/> <b>CHANGE</b> name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.<br><input type="checkbox"/> <b>DELETE</b> name: Give record name to be deleted in item 6a or 6b.<br><input type="checkbox"/> <b>ADD</b> name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable). |                                   |  |  |
| 6. <b>CURRENT RECORD INFORMATION:</b>   |                                   |  |  |
| 6a. ORGANIZATION'S NAME   |                                   |  |  |
| OR  |                                   |  |  |
| 6b. INDIVIDUAL'S LAST NAME<br>SMITH   |                                   | FIRST NAME<br>ROBERT   | MIDDLE NAME<br>W<br>SUFFIX             |
| 7. <b>CHANGED (NEW) OR ADDED INFORMATION:</b>   |                                   |  |  |
| 7a. ORGANIZATION'S NAME   |                                   |  |  |
| OR  |                                   |  |  |
| 7b. INDIVIDUAL'S LAST NAME  |                                   | FIRST NAME   | MIDDLE NAME<br>SUFFIX                  |
| 7c. MAILING ADDRESS   |                                   | CITY   | STATE<br>POSTAL CODE<br>COUNTRY<br>USA |
| 7d. <b>SEE INSTRUCTIONS</b>   | ADD'L INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION   | 7f. JURISDICTION OF ORGANIZATION       |
| 7g. ORGANIZATIONAL ID #, if any   |                                   |  | <input type="checkbox"/> NONE          |
| 8. <b>AMENDMENT (COLLATERAL CHANGE):</b> check only <u>one</u> box.<br>Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.   |                                   |  |  |

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here ☐ and enter name of DEBTOR authorizing this Amendment.

|   |  |            |                       |
|---|--|------------|-----------------------|
| 9a. ORGANIZATION'S NAME<br>REGIONS BANK |  |            |                       |
| OR                                      |  |            |                       |
| 9b. INDIVIDUAL'S LAST NAME              |  | FIRST NAME | MIDDLE NAME<br>SUFFIX |

10. **OPTIONAL FILER REFERENCE DATA**

ANITA A. SMITH

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