



UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY					
A. NAME & PHONE OF CONTACT AT FILER [optional]					
B. SEND ACKNOWLEDGMENT TO: (Name and Address)					
	——————————————————————————————————————				
MICHAEL CLEMONS					
30 CLEMONS DR					
VINCENT, AL 35178					
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1a. INITIAL FINANCING STATEMENT FILE #	THE ABOVE	التدريك والمنافع المنافع والأراب	OR FILING OFFICE USE is FINANCING STATEMEN		
07/14/97 File #1997-22022			to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.		
2. TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect to security interest(s) of			ion Statement.	
3. CONTINUATION: Effectiveness of the Financing Statement identified above	with respect to security interest(s) of the Secur	ed Party author	rizing this Continuation Stat	ement is	
continued for the additional period provided by applicable law.					
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and ad					
5. AMENDMENT (PARTY INFORMATION): This Amendment affectsDebto Also check one of the following three boxes and provide appropriate information in item	or or Secured Party of record. Check only	one of these to	wo boxes.		
CHANGE name and/or address: Give current record name in item 6a or 6b; also	give new TT DELETE name: Give record n	ame	DD name: Complete item 7: em 7c; also complete items	a or 7b, and also	
name (if name change) in item 7a or 7b and/or new address (if address change) in CURRENT RECORD INFORMATION:	n item 7c. La to be deleted in item 6a or 6b		em rc, also complete items	/u-/g (ir applicable).	
6a. ORGANIZATION'S NAME				··	
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
CLEMONS	MICHAEL			Sorrix	
7. CHANGED (NEW) OR ADDED INFORMATION:					
7a. ORGANIZATION'S NAME				_ _	
OR					
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
, C. MAILING ADDITESS		JUNIO	POSTAL CODE		
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	g. ORG/	ANIZATIONAL ID #, if any		
ORGANIZATION DEBTOR				NONE	
8. AMENDMENT (COLLATERAL CHANGE): check only one box.					
Describe collateral deleted or added, or give entire restated collateral	description, or describe collateral ssigned	d .			
1988 BROADMORE					
TNFLN26A19305B5					
				•	
		·			
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENI adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by 	<u>-</u>	_		y a Debtor which	
9a. ORGANIZATION'S NAME	<u></u>	 			
GREEN TREE SERVICING, LLC f/k/a GREEN	TREE FINANCIAL CORP - A	LABAMA			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
10. OPTIONAL FILER REFERENCE DATA	18322778	SUSAN -	MHDRR		
					

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

as defined in ALA CODE 7-9-105(n).	Sheets Presented:	This FINANCING STATEMENT filing pursuant to the Uniform Co	om—	
Return copy or recorded original to:		THIS SPACE FOR LISE OF EILING OF		
			20041115000625800 Pg 2/2 .00 Shelby Cnty Judge of Probate, AL	
GREN HITE THANCIAL	CRIT. N. ALAMA		Shelby Chty 30090 TILED/CERTIFI	
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MATERIA	AL 36109			
Pre-paid Acct. #	(Last Name First if a Person)	$-2a_{0}$		
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VINCENT	AL 35178		マースラー	
Conict Conveits/Toy ID #				
Social Security/Tax ID #	(Last Name First if a Person)			
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Social Security/Tax ID #				
Additional debtors on attached UCC-E	<u></u>	- FILED WITH:		
Name and Address of Secured Party			cured Party (IF ANY)	
	and a factor of the second			
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P			ran and analy and other designments	
374 WILLISTATE PARK DI			PE PARK DRIVE AL 36109	
Social Security/Tax ID #	AL 36109	MINTGOMERY		
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