

## 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)
<div>Pamela R. Nelson Greer, Herz &amp; Adams, LLP 2525 South Shore Blvd., Suite 203 League City, Texas 77573</div>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # <b>20040305000113950</b>	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. <input type="checkbox"/>
2. <input 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</b> (full or partial): 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 checked="" type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes. Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in items 6 and/or 7. <input checked="" 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. <input type="checkbox"/> <b>DELETE</b> name: Give record name to be deleted in item 6a or 6b. <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 <b>Val T. Orton, as Co-Trustee of GECBAF Cascade Trust</b>	
OR	6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX
7. <b>CHANGED (NEW) OR ADDED INFORMATION:</b>	
7a. ORGANIZATION'S NAME <b>Stearns Investments, LLC</b>	
OR	7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX
7c. MAILING ADDRESS <b>1546 West Averill Park Drive</b> CITY <b>San Pedro</b> STATE <b>CA</b> POSTAL CODE <b>90732</b> COUNTRY <b>USA</b>	
7d. <b>SEE INSTRUCTIONS</b>	ADD'L INFO RE ORGANIZATION DEBTOR <b>limited liability co</b>
7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION <b>California</b>
7g. ORGANIZATIONAL ID #, if any <b>CA-200414010145</b> <input type="checkbox"/> NONE	
8. <b>AMENDMENT (COLLATERAL CHANGE):</b> check only <u>one</u> box. 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. <b>NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT</b> (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 <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.			
9a. ORGANIZATION'S NAME <b>American National Insurance Company</b>			
OR	9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX		

10. OPTIONAL FILER REFERENCE DATA

To be recorded with the Shelby County Probate Office