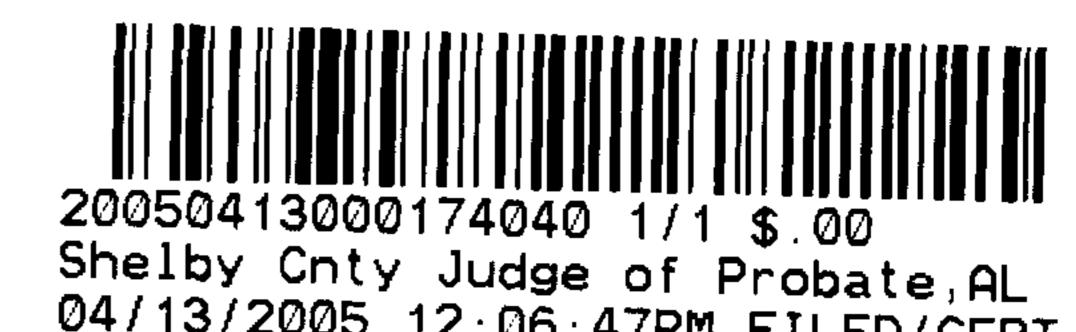
	 	<u>-</u> -	

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				04/13/2009	5 12:06:47PM F	ILED/CERT		
	C FINANCING STATEMENT AMENDMENT							
A. NA	LOW INSTRUCTIONS (front and back) CAREFULLY ME & PHONE OF CONTACT AT FILER (optional)							
	DLEY AUSTIN BROWN & WOOD LLP (CHICAGO) ND ACKNOWLEDGEMENT TO: (Name and Address)	<u> </u>						
D. S.L.	Return to:							
	Corporation Service Company							
	TOUCE BOX DORG							
	Springfield, Illinois 62708							
1a IN	ITIAL FINANCING STATEMENT FILE #		THE ABOV		LING OFFICE USE O			
	st # 2001-42694 10-03-2001		1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.					
2. 🛚	TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with res	spect to security interests(s) of					
, ,	CONTINUATION: Effectiveness of the Financing Statement identified above the additional period provided by applicable law.							
4.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	l address of assignee	in item 7c; and also give name	e of assignor in item 9	Э.			
	ENDMENT (PARTY INFORMATION): This amendment affects Debtor of the following three boxes and provide appropriate information		of record. Check only one of	f these two boxes.				
	CHANGE name and/or address: Give current record name in item 6a or 6b; al	Iso give new	DELETE name:Give record na	me to	me: Complete item 7	a or 7b, and also item		
	name (if name change) in item 7a or 7b and/or new address (if address chan RENT RECORD INFORMATION:	nge) in item 7c.	oe deleted in item 6a or 6b.	7c; also	complete items 7d-7	g (if applicable).		
	6a. ORGANIZATION'S NAME							
OR	Houchens Market of Tennessee, Inc. 6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAM		SUFFIX		
		1 II CO I TAXIAIC		IVIIDBLE IVAIVI		SUFFIX		
7. CHA	NGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME							
OR 7b. INDIVIDUAL'S LAST NAME		FIRST NAME	FIRST NAME		MIDDLE NAME			
7c. MAILING ADDRESS		CITV	CITY		TDOCTAL CODE	COLINITON		
					POSTAL CODE	COUNTRY		
7d. TA)	ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR DEBTOR	N 7f. JURISDICTI	ON OF ORGANIZATION	7g. ORGANIZ	ZATIONAL ID #, if any	NONE		
	ENDMENT (COLLATERAL CHANGE): check only one box.							
Des	cribe collateral deleted or added, or give entire restated collate	eral description, or de	scribe collateral assigne	ed.				
TER	MINATION							
O NIA 8						 		
	IE OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT the authorizing Debtor, or if this is a Termination authorized by a Debtor, ch		this is an Assignment) If this intername of DEBTOR authori			vhich adds collateral		
	9a. ORGANIZATION'S NAME							
OR	Firstar Bank, N.A., as Administrative Agent 9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAM		SUFFIX		
	TIONAL FILER REFERENCE DATA EAL ESTATE RECORDS OF SHELBY COUNTY, A	ALABAMA 🗲	3101	15	2	23		
FILING	3 OFFICE COPY – NATIONAL UCC FINANCING STATEMENT AMENDME	NT (FORM UCC3) (F	EV. 07/29/98)					