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Shelby Cnty Judge of Probate, AL
11/21/2005 03:47:38PM FILED/CERT

UCC FINANCING STATEMENT AMENDMENT
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) S. A. Wileman, (888) 31-ORION
B. SEND ACKNOWLEDGEMENT TO: (Name and Address) Orion Financial Group, Inc. 2860 Exchange Blvd. # 100 Southlake, TX 76092

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 1999-20390	1b. This FINANCING STATEMENT AMENDMENT is <input checked="" type="checkbox"/> to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.
2. <input checked="" type="checkbox"/> TERMINATION: 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"/> CONTINUATION: 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 by applicable law.	
4. <input type="checkbox"/> ASSIGNMENT: (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. AMENDMENT (PARTY INFORMATION): This Amendment affects <input 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 and provide appropriate information in items 6 and/or 7. <input type="checkbox"/> CHANGE name and/or address: Give current record name in item 6a or 6b; also give new Name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).	
6. CURRENT RECORD INFORMATION:	
OR 6a. ORGANIZATION'S NAME	
6b. INDIVIDUAL'S LAST NAME	
SUMMERLIN	
FIRST NAME	
ELIZABETH	
MIDDLE NAME	
SUFFIX	
7. CHANGED (NEW) OR ADDED INFORMATION:	
OR 7a. ORGANIZATION'S NAME	
7b. INDIVIDUAL'S LAST NAME	
FIRST NAME	
MIDDLE NAME	
SUFFIX	
7c. MAILING ADDRESS	
CITY	
STATE	
POSTAL CODE	
COUNTRY	
USA	
7d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR
7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION
7g. ORGANIZATION ID #, if any	
<input type="checkbox"/> NONE	
8. AMENDMENT (COLLATERAL CHANGE): 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. 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 <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.			
OR 9a. ORGANIZATION'S NAME			
AVCO FINANCIAL SERVICES OF ALABAMA, INC.			
9b. INDIVIDUAL'S LAST NAME			
FIRST NAME			
MIDDLE NAME			
SUFFIX			
10. OPTIONAL FILER REFERENCE DATA			
05111545 JLR Debtor: ELIZABETH SUMMERLIN			