ICC FINANCING STATEMENT AMENDMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY	20051128000613830 1/1 \$.0 Shelby Cnty Judge of Prob 11/28/2005 01:44:11PM FIL	שט
NAME & PHONE OF CONTACT AT FILER [optional]		

OLLO A. NAME	FINANCI W INSTRUCT E & PHONE OF COI	NG STATE					28/2005 0	1:44:11PM FILE	D/CEDT		
OLLO A. NAME	WINSTRUCT	NG STATE		· 							
A. NAME		ONIS (front and )									
<u> </u>				. T							
B. SENC		- ·	300) 331-3282	Fax (818	3) 662-4141				•		
	D ACKNOWLEDGEN	MENT TO: (Name and	Mailing Address) 51	1467 IWAC	:HOV/IA12						
				1407 1117							
	UCC Direct	Services									
	P.O. Box 2:9	071		<b>A I</b>							
	Glendale, C	A 91209-9071	<i>F</i>	\LAL							
	į			•							
						THE AB	OVE SPACE IS	FOR FILING OFFICE	USE ONLY		
a. INIT	IAL FINANCING	STATEMENT FILE	#	<del></del>			1b. This	FINANCING STATEM	IENT AMEND	MENT is	
199	96-29149 09	-05-96 CC Al	LShelby			1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.					
<u>X</u>	TERMINATION:	Effectiveness of the	e Financing Statement	identified above	e is terminated with	respect to security interest(s)	of the Secured	Party authorizing this	Termination S	Statement.	
• • •	CONTINUATION		_	identified above	e with respect to the	security interest(s) of the Sec	cured Party aut	horizing this Continuati	ion Statement	tis	
		ditional period provide			<u> </u>						
						assignee in 7c; and also					
			This Amendment a xes and provide app	<del></del>	الليسا	ed Party of record. Check onl	y <u>one</u> of these	two boxes.			
[] (	CHANGE name and	/or address: Give curre	ent record name in item	6a or 6b; also	give new	DELETE name: Give record		ADD name: Complete it			
			d/or new address (if ad	oress change)	in item / c.	to be deleted in item 6a or 6b		tem 7c; also complete i	items / a-/g (i	ir applicable	
6a. (	RENT RECORD ORGANIZATION'S N	NAME	<u> </u>	<del></del>		···· <u>·······························</u>	<u>-                                    </u>	<del></del>			
1	adsworth Oil	Company of Cl	anton Inc								
6b. I	INDIVIDUAL'S LAST	NAME		,	FIRST NAME		MIDDLE	MIDDLE NAME		SUFFIX	
. CHA	NGED (NEW) OF	ADDED INFORM	ATION:								
7a. (	ORGANIZATION'S I	JAME									
)R				<u></u>	CIDOT NIANE		TANDOL E N	A & A C		<del></del>	
/ D. I	INDIVIDUAL'S LAST	NAME			FIRST NAME		MIDDLEN	MIDDLE NAME		SUFFIX	
c MAII	ING ADDRESS		<u> </u>	<u> </u>	CITY		STATE	STATE POSTAL CODE C		UNTRY	
J. 111, 114.											
d. SEE	INSTRUCTION	ADD'L INFO RE	7e. TYPE OF ORGA	NIZATION	7f. JURISDICTION	OF ORGANIZATION	7g. ORGA	NIZATIONAL ID #, if an	ny '	<u> </u>	
		ORGANIZATION DEBTOR		•						NONE	
	`		): check only <u>one</u>		•						
Desc	ribe collateral	deleted oradded	d, or give entire re	estated collate	ral description, or	describe collateral assig	ned.				
-	•					-					
	•		-			•					
	· .	•					•				
	-		· •		•						
			7,	•				•.			
				·							
. NAM			D AUTHORIZING T			<del>-</del>			d by a Debtor	which	
. NAMI		ne authorizing Debtor,				ssignor, if this is an Assignment and enter name of DE			d by a Debtor	which	
NAMI adds 9a. W	or adds to or	ne authorizing Debtor, NAME		on authorized by	y a Debtor, check h	ere and enter name of DE			d by a Debtor	which	
NAMI adds 9a. W	or adds to or	ne authorizing Debtor, NAME National Associa	or if this is a Termination	on authorized by	y a Debtor, check h	ere and enter name of DE		ing this Amendment.	d by a Debtor		