

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

SEE INSTRUCTIONS   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, if any ORGANIZATI	Springfield  INITIAL FINANCING STATES 2001-31963 Date:	TEVENSON DRIVE , IL 62703  168263-1						
INTIAL PIRANCING STATEMENT FLE # 1 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INTIAL PIRANCING STATEMENT FLE # 1 THE FIRANCING STATEMENT FLE * 1 THE FIRAN	INITIAL FINANCING STATES 2001-31963 Date:	168263-1	7 9 8					
THE ABOVE SPACE IS FOR FILING OFFICE USE OIL  NITTAE FINANCING STATEMENT FILE #  10.1—3.1963 Date : 0.6/01/2.001 B: P: 1	001-31963 Date:		<b>-</b>					
Internation   Part	2001-31963 Date:	MENT FILE #			THE ABOVE S	PACE IS FO	R FILING OFFICE USE	EONLY
TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interres(t) of the Secured Party authorizing his Termination Statement is continued for the additional position provided by applicable law continued for the additional position provided by applicable to the continued for the additional position provided by applicable to the continued for the additional position provided by applicable to the continued for the additional position provided by applicable to the continued for the additional position provided by applicable to the continued for the additional position provided by applicable to the continued for the additional position provided by applicable to the continued for the additional position provided by applicable to the continued for the additional position provided by applicable to the continued for the additional position provided by applicable to the continued for the additional position provided by applicable to the continued for the additional position provided by applicable to the continued for the additional position provided by applicable to the continued for the continued provided by applicable to the continued for the continued provided by applicable to the continued for the additional provided by applicable to the continued for the additional provided by applicable to the continued for the additional provided by applicable to the continued for the additional provided by applicable to the continued for the additional provided by applicable to the continued for the additional provided by applicable to the continued for the additional provided by applicable to the continued for the additional provided by application additional provided by application additional provided by application and an enter name of DEBTOR authorizing this Amendment additional provided by application and an enter name of DEBTOR authorizing this Amendment additional provided by application and an enter name of DEBTOR authorizing this Amendment additional provided by	TERMINATION: Effec					1b. This	s FINANCING STATEMENT be filed [for record] (or recor	TAMENDMENT
ASSIGNMENT (full or parbul). Give name of sergion in term 2 or 7b and address of assignee in item 7c, and also give name of assignor in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects   Debfor or   Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in terms 9 and to 2.  Also check one of the following three boxes and provide appropriate information in terms 9 and to 2.  Increased to change the following three boxes and provide appropriate information in terms 9 and to 2.  Increased to change the following three boxes and provide appropriate information in terms 9 and to 2.  Increased to change the following three boxes and provide appropriate information in terms 9 and to 2.  Increased to 2.		tiveness of the Financing Statem	ent identified above is	terminated with respect t	o security interest(s) of the			ion Statement.
AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Dektor what codes collatoral codes collatoral authorized by a Dektor what codes collatoral codes collatoral authorized by a Dektor what codes collatoral codes codes codes collatoral codes c	CONTINUATION: Effective continued for the addition	ectiveness of the Financing States at period provided by applicable	ement identified above law.	e with respect to security	/ interest(s) of the Secur	ed Party autho	rizing this Continuation St	atement is
Also check gag of the following three boxes and provide appropriate information in items 6 and/or 7.    CHANGE manadisated the provide appropriate informations   DEET name   Cive record name   ADD manadisated from 7 or 7 ib. and also storm 8 or 8 ib.    ADD managed from 7 ib. and also storm 8 or 8 ib. and 8 ib. a	ASSIGNMENT (full or	partial): Give name of assignee	in item 7a or 7b and a	ddress of assignee in iten	า 7c; and also give name	of assignor in	item 9.	
CHANGE name and/or address. Please effort bit detailed instructions   DELETE name. Give record name   ADD name. Complete light 7 and 7 hand also hern? Insequents by address of a party.    CURRENT RECORD INFORMATION	AMENDMENT (PARTY II	NFORMATION): This Amend	ment affects Del	otor <u>or</u> Secured Par	ty of record. Check only	one of these	wo boxes.	
In tegrals to change the name additions of party    In the deleted in item 5a or 6b     also complete items 7e-7g (trapplicable).   CURRENT RECORD INFORMATION:		,			o record name	ADD		l - l i4 <b>- 7</b> .
Ga ORGANIZATION'S NAME  We at her by Manor, LLC  Bi INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  TO INDIVIDUAL'S LAST NAME  MIDDLE NAME  FIRST NAME  MIDDLE NAME  SUFFIX  TO INDIVIDUAL'S LAST NAME  MIDDLE NAME  SUFFIX  TO INDIVIDUAL'S LAST NAME  MIDDLE NAME  SUFFIX  MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  SERINSTRUCTIONS  AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral description, or describe collateral assigned.  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Amendment authorized by a Debtor via adds collateral pack or adds the authorizing Debtor, or if this is a 1 Termination authorized by a Debtor, check here  To GRGANIZATION'S NAME  TO INDIVIDUAL'S LAST NAME  AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral description, or describe collateral assigned.	in regards to changing the r	name/address of a party.				alsoc	ame: Complete Item /a or /b omplete items 7e-7g (if applic	), and also item / c able).
Weatherby Manor, LLC  6b. INDIVIDUAL'S LAST NAME  CHANGED (NEW) OR ADDED INFORMATION:  7a ORGANIZATION'S NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  ORGANIZATION  TO, INDIVIDUAL'S LAST NAME  MIDDLE NAME  SUFFIX  SEGINSTRUCTIONS  ADDILINFO RE  ORGANIZATION  DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only gize box.  Describe collateral deleted or deleted or defended or described collateral description, or describe collateral assigned.  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 will add scollateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.  FANNIE MAD							<u></u>	
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