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Shelby Cnty Judge of Probate, AL
06/14/2006 10:59:28AM FILED/CERT

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

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-3282 Fax (818) 662-4141	
B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 14954 Nationwide Lif	
UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071	8614268 ALAL

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 1996-17424 05/30/96 CC AL Shelby				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 respect to security interest(s) of the Secured Party authorizing this Termination Statement.					
3. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.					
4. ☐ ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in 7c; and also give name of assignor in item 9.					
5. AMENDMENT (PARTY INFORMATION): This Amendment affects ☐ Debtor or ☐ 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. ☐ 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. ☐ DELETE name: Give record name to be deleted in item 6a or 6b. ☐ ADD name: Complete item 7a or 7b. and also item 7c; also complete items 7d-7g (if applicable)					
6. CURRENT RECORD INFORMATION:					
6a. ORGANIZATION'S NAME Century/Chase LLC					
OR					
6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	
				SUFFIX	
7. CHANGED (NEW) OR ADDED INFORMATION:					
7a. ORGANIZATION'S NAME					
OR					
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	
				SUFFIX	
7c. MAILING ADDRESS		CITY		STATE	POSTAL CODE
					COUNTRY
7d. <u>SEE INSTRUCTION</u>		ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	
				7g. ORGANIZATIONAL ID #, if any ☐ NONE	
8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ 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 ☐ and enter name of DEBTOR authorizing this Amendment.			
9a. ORGANIZATION'S NAME Nationwide Life Insurance Company			
OR			
9b. INDIVIDUAL'S LAST NAME		FIRST NAME	
		MIDDLE NAME	
		SUFFIX	
10. OPTIONAL FILER REFERENCE DATA 8614268 Debtor Name: Century/Chase LLC Nationwide 03-0308473			