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20070510000220610 1/1 \$.00 Shelby Cnty Judge of Probate,AL 05/10/2007 03:43:12PM FILED/CERT

UCC FINANCING STATEMENT AMENDMENT

OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
' KIM WELLS				
75 HIGHWAY 63				
LOT 14 TURNBLOOM MHP				
, CALERA, AL 35040				
a. INITIAL FINANCING STATEMENT FILE#	THE ABOV	E SPACE IS FOR FILING OFFICE U- 1b. This FINANCING STATEME	"	
6/4/96 File #1996-17997	to be filed [for record] (or record). REAL ESTATE RECORDS.	corded) in the		
TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated with respect to security interest(s)			
CONTINUATION: Effectiveness of the Financing Statement identified at	ove with respect to security interest(s) of the Sec	cured Party authorizing this Continuation S	Statement is	
continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	d address of assignee in item 7c. and also give na	me of assignor in item 9	- · · · · · · · · · · · · · · · · · · ·	
	ebtor or Secured Party of record. Check or	•••		
Also check one of the following three boxes and provide appropriate information in				
CHANGE name and/or address: Give current record name in item 6a or 6b; a name (if name change) in item 7a or 7b and/or new address (if address change)	also give new DELETE name: Give record to be deleted in item 6a or 6		n 7a or 7b, and also ns 7d-7g (if applicable	
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME				
Oa. Ortomization o name				
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
WELLS	KIM			
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME		,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY	
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	g. ORGANIZATIONAL ID #, if any		
ORGANIZATION DEBTOR			NON	
AMENDMENT (COLLATERAL CHANGE): check only one box.			···	
Describe collateral deleted or added, or give entire restated collate	eral description, or describe collateral assign	ned.		
1985				
1000				
SUNSHINE				
SERIAL #17958				
SERIAL # 17900				
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM			d by a Debtor which	
adds collateral or adds the authorizing Debtor, or if this is a Termination authorize 9a. ORGANIZATION'S NAME	d by a Debtor, check here and enter name of	DEBIOR authorizing this Amendment.		
GREEN TREE SERVICING LLC f/k/a GREEN	TREE FINANCIAL CODD			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
O, OPTIONAL FILER REFERENCE DATA	22326025			
	ZZJZUUZJ	LAUREN RUSHEN - DRE		

FILING OFFICE COPY—NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)