

I. NAME & PHONE OF	NS (front and back) CAREFULLY CONTACT AT FILER [optional]		•		
Ann Moore					
. SEND ACKNOWLED	OGMENT TO: (Name and Address)				
Compass					
	leydale Road, Suite 101 nam, Al. 35242				
	14111, 1 11. 552 12				
			.•		
			IE ABOVE SPACE IS FO	R FILING OFFICE US	SE ONLY
a. INITIAL FINANCING ST	ATEMENT FILE #		1b. Thi	s FINANCING STATEME	NT AMENDMENT is
2007043000019	9430		T to t	e filed [for record] (or rec AL ESTATE RECORDS.	corded) in the
TERMINATION:	Effectiveness of the Financing Statement identif	fied above is terminated with respect to security	interest(s) of the Secured Par	ty authorizing this Termin	ation Statement.
CONTINUATION continued for the ad	: Effectiveness of the Financing Statement identification of the law identification of the Effective Provided by Explication of the Effective Provided by Explication of the Effective Provided But applicable law.	entified above with respect to security interest(s	s) of the Secured Party auth	orizing this Continuation	Statement is
ASSIGNMENT (fu	Il or partial): Give name of assignee in item 7a	or 7b and address of assignee in item 7c; and a	also give name of assignor in	item 9.	
		cts Debtor or Secured Party of recor	d. Check only one of these	two boxes.	
	lowing three boxes <u>and</u> provide appropriate info or address: Give current record name in item 6		Give record name	DD name: Complete item	79 or 7h and also
name (if name chang	ge) in item 7a or 7b and/or new address (if addr	ess change) in item 7c. to be deleted in i		m 7c; also complete item	s 7d-7g (if applicable
Ga. ORGANIZATION'S					·
NSH Corp.					
66. INDIVIDUAL'S LA	ST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
CHANGED (NEW) OR	ADDED INFORMATION:				1
7a. ORGANIZATION'S	NAME		······································		
R					
7b. INDIVIDUAL'S LAS	ST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
į		CITY	OTATE:	TDOCTAL CODE	COLINITON
MAILING ADDRESS		I CH I I	STATE	POSTAL CODE	COUNTRY
. MAILING ADDRESS					l l
	N ADD'L INFO RE 7e. TYPE OF ORGANIZ		ATION 7a. ORG	ANIZATIONAL ID #. if an	
	ORGANIZATION		ATION 7g. ORG	ANIZATIONAL ID #, if an	
. TAX ID #: SSN OR EI	ORGANIZATION DEBTOR		ATION 7g. ORG	ANIZATIONAL ID #, if an	
. TAX ID #: SSN OR EI	ORGANIZATION DEBTOR LATERAL CHANGE): check only one box.	ATION 7f. JURISDICTION OF ORGANIZ		ANIZATIONAL ID #, if an	
. TAX ID #: SSN OR EI	ORGANIZATION DEBTOR LATERAL CHANGE): check only one box.			ANIZATIONAL ID #, if any	
AMENDMENT (COL	ORGANIZATION DEBTOR LATERAL CHANGE): check only one box.	ATION 7f. JURISDICTION OF ORGANIZ		ANIZATIONAL ID #, if any	
AMENDMENT (COL Describe collateral ARTIAL	ORGANIZATION DEBTOR LATERAL CHANGE): check only one box. deleted or added, or give entire resta	ATION 7f. JURISDICTION OF ORGANIZ	assigned.		NO
AMENDMENT (COL Describe collateral ARTIAL ots 35, 36, 37, 38	ORGANIZATION DEBTOR LATERAL CHANGE): check only one box. deleted or added, or give entire restartions, 39, 40, 41, 42, 43 and 44 acco	ATION 7f. JURISDICTION OF ORGANIZE ted collateral description, or describe collateral ording to the Final Plat of the Res	assigned. sidential Subdivision		NO
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