ICC FINANCING STATEMENT AMENDMENT	200808150003 Shelby Cnty 08/15/2008 1

Phone (800) 331-3282 Fax (818) 662-4141

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

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P.O. Box 29071 Classification 04 200 0074 ALAL			
Giendale, CA 91209-9071			
FIXT	URE		
	THE AE	BOVE SPACE IS FOR FILIN	G OFFICE USE ONLY
a. INITIAL FINANCING STATEMENT FILE # 20071113000520170 11/13/07 CC AL Shelby		1b. This FINANCING X to be filed [for red REAL ESTATE F	STATEMENT AMENDMENT is cord] (or recorded) in the RECORDS.
. X TERMINATION: Effectiveness of the Financing Statement identified	above is terminated with respect to security interest(s)	of the Secured Party author	izing this Termination Statement.
	above with respect to the security interest(s) of the Se	cured Party authorizing this (Continuation Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a	or 7b and address of assignee in 7c; and also g	ive name of assignor in i	tem 9.
. AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record. Check on	ly one of these two boxes.	
Also check one of the following three boxes and provide appropriate CHANGE name and/or address: Give current record name in item 6a or 6b	e information in items 6 and/or 7. b; also give new DELETE name: Give record	name ADD name: 0	Complete item 7a or 7b. and also
name (if name change) in item 7a or 7b and/or new address (if address change)		i	complete items 7d-7g (if applicable)
. CURRENT RECORD INFORMATION:		,	
6a. ORGANIZATION'S NAME			
R 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
j	ANGELA		
MORGAN	ANGELA		
. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL C	ODE COUNTRY
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d. <u>SEE INSTRUCTION</u> ADD'L INFO RE 7e. TYPE OF ORGANIZATIO ORGANIZATION DEBTOR			ID #, if any
d. SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	N 7f. JURISDICTION OF ORGANIZATION		ID #, if any
d. SEE INSTRUCTION ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	N 7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL	ID #, if any
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d. SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated of added. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM adds collateral or adds the authorizing Debtor, or if this is a Termination authorical additional authorical authorical additional authorical a	collateral description, or describe collateral assi	gned.	ID #, if any NONE
ORGANIZATION DEBTOR B. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated of added, or give entire restated of the collateral deleted or added, or give entire restated of the collateral deleted or added, or give entire restated of the collateral deleted or added, or give entire restated of the collateral deleted or added, or give entire restated of the collateral deleted or added, or give entire restated of the collateral deleted or added, or give entire restated of the collateral deleted or added, or give entire restated of the collateral deleted or added, or give entire restated of the collateral deleted or added, or give entire restated of the collateral deleted or added, or give entire restated of the collateral deleted or added, or give entire restated or added a	collateral description, or describe collateral assi	gned.	ID #, if any NONE

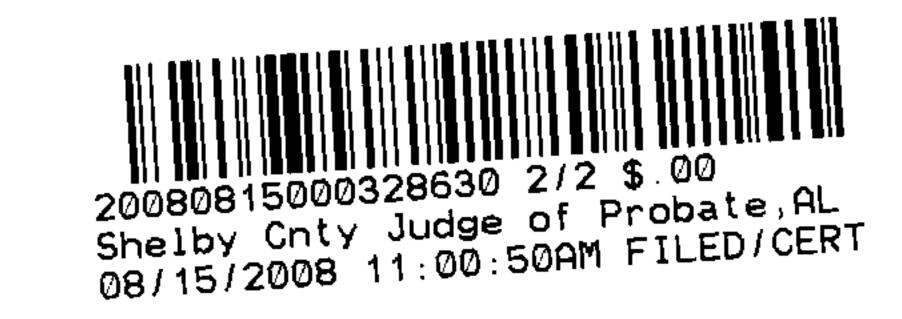
Prepared by UCC Direct Services, P.O. Box 29071 Glendale, CA 91209-9071 Tel (800) 331-3282 650070137

10. OPTIONAL FILER REFERENCE DATA

15331656 Debtor Name: MORGAN, ANGELA

	UC FOI	C FINANCING STATEME LLOW INSTRUCTIONS (front ar	ENT AMENDMEN and back) CAREFULLY	TADDENDUM		
11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)						
	200	071113000520170 11/13/07	7 CC AL Shelby			
12. NAME of PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)						
		12a. ORGANIZATION'S NAME Prime Acceptance Corp.				
*	OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX		
	13.	Use this space for additional inforn	nation			

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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: LOT 460, ACCORDING TO THE SURVEY OF FOREST LAKES AS RECORDED IN MAP BOOK 34, PAGE 122 A, B & C, IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA. FILE NO; R06-14398