

2009013	200000	17390	1/1	\$28.0	0
Shelby	Cnty	Judge	of I	Probat	e,AL
04/20/	ാരരവ ദ	12.22.7	1 CDM	ETI ED	/CEDT

39508799

UCC FINANCING STATEME		T				
A. NAME & PHONE OF CONTACT AT FILE		· ····· -				
CSC Diligenz, Inc. 1-800-8	- ' -					
B. SEND ACKNOWLEDGMENT TO: (Nam	e and Address)					
39508799						
CSC Diligenz, Inc.		ľ				
6500 Harbour Heights P	kwy, Suite 400					
Mukilteo, WA 98275						
	Filed In: Alabam	a Shelby				
		<u></u>	THE ABOVE SPA	ACE IS FO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE # 20080130000039670 01/30	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the					
		RE/	L ESTATE RECORDS.			
2. TERMINATION: Effectiveness of the Fin						
3. CONTINUATION: Effectiveness of the continued for the additional period provided	Inancing Statement identified above by applicable law.	ve with respect to se	curity interest(s) of the Secured	r Party autho	rizing this Continuation Sta	tement is
4. ASSIGNMENT (full or partial): Give name	ne of assignee in item 7a or 7b and a	address of assignee i	n item 7c; and also give name of	assignor in i	tem 9.	
5. AMENDMENT (PARTY INFORMATION)	: This Amendment affects / Del	btor <u>or</u> Secure	d Party of record. Check only <u>o</u>	<u>ne</u> of these t	wo boxes.	
Also check <u>one</u> of the following three boxes <u>and</u>						
CHANGE name and/or address: Please refer to in regards to changing the name/address of a refer to the name and address of a refer to the name and a refer to the name and address of a refer to the name and a refer to the name and address of a refer to the name and address of a refer to the name and address of a refer to the name and a	o the detailed instructions party.	to be deleted i	e: Give record name n item 6a or 6b.		ame: Complete item 7a or 7b, implete items 7e-7g (if applica	
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME						
Building Materials Wholesa	ale, Inc.					
6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME SUFFIX		SUFFIX	
7. CHANGED (NEW) OR ADDED INFORMATI	ON:	,				
7a. ORGANIZATION'S NAME						
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	FIRST NAME		MIDDLE NAME S		
				IVIII DELL'	47 TIVIC	SUFFIX
7c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
						USA
7d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION	7e. TYPE OF ORGANIZATION	7f. JURISDICTIO	N OF ORGANIZATION	7g. ORGA	ANIZATIONAL ID #, if any	
DEBTOR						NONE
8. AMENDMENT (COLLATERAL CHANGE	·					
Describe collateral deleted or added,	or give entire restated collatera	al description, or de	scribe collateralassigned.			
9. NAME OF SECURED PARTY OF RECO	ORD ALITHORIZING THIS AME	NOMENT (name o	foccioner if this is on Assissan			
adds collateral or adds the authorizing Debtor, of	or if this is a Termination authorized I	by a Debtor, check h	ere and enter name of DEB	TOR author	an Amenament authorized b izing this Amendment.	y a Debtor which
9a. ORGANIZATION'S NAME		<u> </u>				,
REGIONS BANK			· · · · · · · · · · · · · · · · · · ·	• • •		
9b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE N	IAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA