| 0090710000266090 1/2 \$28.00<br>helby Cnty Judge of Probate, AL<br>7/10/2009 01:56:14 PM FILED/CERT      |
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| 7/10/2009 01.50.14   |
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| ACE IS FOR FILING OFFICE USE ONLY  |
| This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. |
| ecured Party authorizing this Termination Statement.   |
| rty authorizing this Continuation Statement is   |
| ne of assignor in item 9.  |
| f these two boxes.   |
| ADD name: Complete item 7a or 7b. and also item 7c; also complete items 7d-7g (if applicable)            |
|  |

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| A. NAME & PHONE OF C                    |   |   | 18) 662-4141          |  |                                       |   |                          |
|---|---|---|-----------------------|--|---------------------------------------|---|--------------------------|
| B. SEND ACKNOWLEDG                      | EMENT TO: (Name and                               | d Mailing Address) 224 JPMOR  | GAN CHASE E           | 1<br>}<br>[  |                                       |   |                          |
|   |   |   |                       |  |                                       |   |                          |
| CT Lien S                               | olutions  | 193213  | 359                   |  |                                       |   |                          |
| P.O. Box 2                              | 29071   | Λ 1 Λ 1   |                       |  |                                       |   |                          |
| Glendale,                               | CA 91209-9071                                     |   |                       |  |                                       |   |                          |
|   |   | FIXTU   | RE                    |  |                                       |   |                          |
|   |   | •   |                       | THE AB   | OVE SPACE IS FOR                      | FILING OFFICE US  | E ONLY                   |
| 1999-51439 1                            | G STATEMENT FILE<br>2/21/99 CC A                  |   |                       |  | X to be filed [                       | NCING STATEMENT<br>[for record] (or record<br>[ATE RECORDS. | AMENDMENT is ded) in the |
| . TERMINATION                           | : Effectiveness of th                             | e Financing Statement identified abo  | ve is terminated with | respect to security interest(s)                            | of the Secured Party a                | authorizing this Term                                       | ination Statement.       |
| 3. [X] CONTINUATION continued for the a | N: Effectiveness of the additional period provide | ne Financing Statement identified about the second | ve with respect to th | e security interest(s) of the Sec                          | cured Party authorizing               | this Continuation St  | tatement is              |
| . ASSIGNMENT                            | (full or partial): Give                           | name of assignee in item 7a or 7  | 7b and address of     | assignee in 7c; and also gi                                | ve name of assigno                    | or in item 9.   |                          |
| •                                       | _   | This Amendment affects Dexes and provide appropriate infe   | L                     | ured Party of record. Check online 6 and/or 7              | y <u>one</u> of these two bo          | xes.  |                          |
| CHANGE name a                           | nd/or address: Give curr                          | rent record name in item 6a or 6b; also<br>nd/or new address (if address change   | so give new           | DELETE name: Give record in to be deleted in item 6a or 6b |                                       | me: Complete item 7<br>; also complete items                |                          |
| . CURRENT RECORE                        |   |   |                       |  |                                       | also complete items   | , ru-ry (ii applicable   |
| 6a. ORGANIZATION'S CITATION CA          | S NAME<br>ASTINGS, LLC                            |   |                       |  |                                       |   |                          |
| 6b. INDIVIDUAL'S LA                     | ST NAME   |   | FIRST NAME            |  | MIDDLE NAME                           |   | SUFFIX                   |
| CHANCED (NEW) C                         | D ADDED INCORM                                    | A TIONI.  |                       |  | i,                                    | <del></del>   | <u></u>                  |
| 7a. ORGANIZATION'S                      |   | ATION:  | ···-·                 |  | · · · · · · · · · · · · · · · · · · · |   |                          |
| )R                                      |   |   |                       |  |                                       |   |                          |
| 7b. INDIVIDUAL'S LA                     | ST NAME   |   | FIRST NAME            |  | MIDDLE NAME                           | MIDDLE NAME   |                          |
| c. MAILING ADDRESS                      |   | <b></b>   | CITY                  | ······································                     | STATE POST                            | FAL CODE  | COUNTRY                  |
| o                                       |   |   |                       |  | JOIALE POST                           | AL CODE   | COUNTRY                  |
| d. <u>SEE INSTRUCTION</u>               | ADD'L INFO RE ORGANIZATION DEBTOR                 | 7e. TYPE OF ORGANIZATION  | 7f. JURISDICTIO       | N OF ORGANIZATION  | 7g. ORGANIZATI                        | ONAL ID #, if any   | NONE                     |
| . AMENDMENT (COL                        |   | ): check only o <u>ne</u> box.  |                       |  | ····-                                 |   | <u></u>                  |
| Describe collateral                     | deleted or adde                                   | d, or give entire restated colla  | teral description, o  | r describe collateral assig                                | ned.                                  |   |                          |
|   | •   |   |                       | •  |                                       |   |                          |
|   |   |   |                       |  |                                       |   |                          |
|   |   |   |                       |  |                                       |   |                          |
|   | •   |   |                       |  |                                       |   |                          |
|   |   | •   |                       | · · ·  |                                       |   |                          |
| •                                       |   |   |                       | •  |                                       |   |                          |
|   |   | •   |                       |  |                                       |   |                          |
|   |   |   |                       |  | _                                     |   |                          |
| NAME OF SECURED                         | PARTY OF RECOR                                    | D AUTHORIZING THIS AMENE  | DMENT (name of a      | ssignor, if this is an Assignment                          | ). If this is an Amenda               | nent authorized by a  | Debtor which             |
| 9a. ORGANIZATION'S                      |   | or if this is a Termination authorized  | by a Debtor, check h  | ere and enter name of DE                                   | BTOR authorizing this                 | Amendment.  |                          |
| i                                       | nhattan Bank as A                                 | dministrative Agent   |                       |  |                                       |   |                          |
| 9b. INDIVIDUAL'S LA                     | ST NAME   |   | FIRST NAME            |  | MIDDLE NAME                           |   | SUFFIX                   |
| !                                       |   | :   |                       |  | 1                                     |   | Ī                        |

19321359 Debtor Name: CITATION CASTINGS, LLC CITATION CORPORATION 0000008570



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| <b>UC</b><br>FOL | C FINANCING STA  | ATEMENT (front and back | AMENDN<br>k) CAREFULLY | IENT AD         | DENDUM              |  |  |  |
|------------------|--|-------------------------|------------------------|-----------------|---------------------|--|--|--|
| 11.1             | NITIAL FINANCING STATE   | MENT FILE # (s          | ame as item 1a on      | Amendment form  | 1)                  |  |  |  |
| ៊ី199            | 9-51439 12/21/99   | CC AL Shell             | by                     |                 |                     |  |  |  |
| 12. N            | IAME of PARTY AUTHORIZING  | THIS AMENDME            | NT (same as item 9 o   | n Amendment for | m)                  |  |  |  |
| 4                | 12a. ORGANIZATION'S NAME<br>The Chase Manhattan Bank as Administrative Agent |                         |                        |                 |                     |  |  |  |
| OR               | 12b. INDIVIDUAL'S LAST NAM   | E                       | FIRST NAME             | <u>-</u>        | MIDDLE NAME, SUFFIX |  |  |  |
| 42.1             | lee this enace for addition  |                         |                        |                 |                     |  |  |  |

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\_ Description: 2 Office Park Circle, Suite 204 Birmingham AL 35223 USA Owner: . Section:. Lot:. Block:. Desc: .