FOLLOW INSTRUCTIONS (front and back) CAREFULLY

NAME & PHONE OF CONTACT AT FILER [optional]  Phone (800) 331	-3282 Fax (81	18) 662-4141				
. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Add	dress) 19877 AQUA	A FINANCE,				
CT Lien Solutions	215393	332				
P.O. Box 29071						
Glendale, CA 91209-9071	ALAL					
	FIXTUI	RE				
			THE A	BOVE SPACE	IS FOR FILING OFFICE U	SE ONLY
INITIAL FINANCING STATEMENT FILE # 20070323000132320 03/23/07 CC /	AL Shelby			1b. Th X to RE	is FINANCING STATEMEN be filed [for record] (or record AL ESTATE RECORDS.	T AMENDMENT rded) in the
X TERMINATION: Effectiveness of the Financing	Statement identified abo	ve is terminated with r	espect to security interest(s)	of the Secure	d Party authorizing this Terr	nination Stateme
CONTINUATION: Effectiveness of the Financing continued for the additional period provided by applications.		ve with respect to the	security interest(s) of the Se	cured Party au	thorizing this Continuation S	Statement is
ASSIGNMENT (full or partial): Give name of as	signee in item 7a or 7	b and address of a	ssignee in 7c; and also g	jive name of	assignor in item 9.	-
AMENDMENT (PARTY INFORMATION): This Amer	L	<u> </u>	ed Party of record. Check or	ly one of thes	e two boxes.	
Also check one of the following three boxes and proceed the CHANGE name and/or address: Give current record name and/or address:	ame in item 6a or 6b; als	o give new	DELETE name: Give record	1 1	ADD name: Complete item	
name (if name change) in item 7a or 7b and/or new ad CURRENT RECORD INFORMATION:	dress (if address change	e) in item 7c.	to be deleted in item 6a or 6	b	item 7c; also complete item	is 7d-7g (if applic
6a. ORGANIZATION'S NAME		. <u></u>				· · · · · · · · · · · · · · · · · · ·
6b. INDIVIDUAL'S LAST NAME	<u> </u>	FIRST NAME		MIDDLE	NAME	SUFFIX
SALTER			CHRIS			
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	VAME	SUFFIX
MAILING ADDRESS		CITY		CTATE	TOOOTAL CODE	
MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
SEE INSTRUCTION   ADD'L INFO RE   7e. TYPE   ORGANIZATION   DEBTOR	OF ORGANIZATION	7f. JURISDICTION	OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any		
MENDMENT (COLLATERAL CHANGE): check or	ıly o <u>ne</u> box.	<del> </del>			· · · · · · · · · · · · · · · · · · ·	
Describe collateral deleted or added, or give e	ntire restated collat	teral description, or o	describe collateral assi	gned.		
RAINSOFT WATER SYSTEM						
					•	
IAME OF SECURED PARTY OF RECORD AUTHOR adds collateral or adds the authorizing Debtor, or if this is a	RIZING THIS AMEND	MENT (name of assi	gnor, if this is an Assignmen	t). If this is an	Amendment authorized by a	Debtor which

FIRST NAME

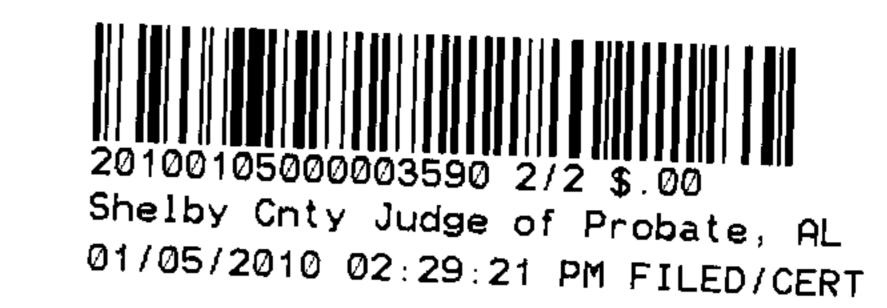
SUFFIX

MIDDLE NAME

21539332 Debtor Name: SALTER, CHRIS CVLC650050141 19877

9b. INDIVIDUAL'S LAST NAME

10. OPTIONAL FILER REFERENCE DATA



U( FC	CC FINANCING STATEM OLLOW INSTRUCTIONS (front a	ENT AMENDMEN and back) CAREFULLY	IT ADDENDUM
11.	INITIAL FINANCING STATEMENT	FILE # (same as item 1a on Amen	dment form)
20	070323000132320 03/23/0	7 CC AL Shelby	
12.	NAME of PARTY AUTHORIZING THIS A	MENDMENT (same as item 9 on Ame	ndment form)
	12a. ORGANIZATION'S NAME AQUA FINANCE INC		
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
13.	Use this space for additional infor	mation	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: description:LOT 1, ACCORDING TO THE MAP AND SURVEY OF YELLOWLEAF PLATEAU, AS RECORDED IN MAP BOOK 34 PAGE 7, IN THE PROBATE OFFICE OF SHELBY COUNTY, ALABAMA. APN: 09-8-34-0-001-011-008