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| CC FINANCING STATEMENT AMENDMENT | Shelby Cnty Jud 02/18/2010 12:3 |

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| Shelby Crty Judge of Pro 92/18/2010 12:39:40 PM FOLLOW INSTRUCTIONS (front and back) CAREFULLY A NAME & PHONE OF CONTACT AT FILER (potronal) Phone (800) 331-3282 Fax (818) 662-4141 B SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 11467 WACHOVIA BANK CT Lien Solutions 22076615 P.O. Box 29071 Glendale, CA 91209-9071 ALAL FIXTURE THE ABOVE SPACE IS FOR FILING OFFIC 1a. INITIAL FINANCING STATEMENT FILE # 2002 18051 04/18/02 CC AL Shelby 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continued for the additional period provided by applicable law. 4. ASSIGNMENT (full or partial): Give name of assignee in Item 7e or 7b and address of assignee in 7c; and also give name of assignee in Item 9. 5. AMENDMENT (Vall or partial): Give name of assignee in Item 7e or 7b and address of assignee in 7c. and also give name of assignee in Item 9. 5. AMENDMENT (Vall or partial): Give name of assignee in Item 7e or 7b and address of assignee in 7c. and also give name of assignee in Item 9. 5. AMENDMENT (Vall or partial): Give name of assignee in Item 7e or 7b and or 7b. and or | |
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| 6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME | , , , , <u>, , , , , , , , , , , , , , , </u> |
| 7a. ORGANIZATION'S NAME | SUFFIX |
| 7a. ORGANIZATION'S NAME | |
| 76 (MIDILANIC) ACT MANE | |
| 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME | |
| | SUFFIX |
| MAILING ADDRESS CITY STATE POSTAL CODE | COUNTRY |
| SEE INSTRUCTION ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if ar ORGANIZATION DEBTOR | y NC |
| AMENDMENT (COLLATERAL CHANGE): check only one_box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned | |

| Cada conocordi or adda tric admonizing Deptor, or il tris is | a Termination authorized by a Debtor, check here [] and en | s an Assignment). If this is an Amendment author ter name of DEBTOR authorizing this Amendme | ent. | | |
|--|--|---|---------------------------------------|--|--|
| 9a. ORGANIZATION'S NAME | | ······································ | · · · · · · · · · · · · · · · · · · · | | |
| Wachovia Bank N.A. Successor by Merge | er to SouthTrust Bank | | | | |
| ₹ | | | | | |
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX | | |
| JOB. INDIVIDUAL S LAST NAIVIE | | | , | | |
| JOD. INDIVIDUAL S LAST NAIVIE | | | 1 | | |

22076615 Debtor Name: SELKIRK PARTNERS LLC 05/6502544804 01014701230

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| • | UCC FINANCING STATEME FOLLOW INSTRUCTIONS (front and | NT AMENDMEN back) CAREFULLY | T ADDENDUM | | | |
|----------------------------------|---|---|--------------------|--|--|--|
| • | 11. INITIAL FINANCING STATEMENT FIL | NITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) | | | | |
| 2002 18051 04/18/02 CC AL Shelby | | | | | | |
| | ndment form) | | | | | |
| | 12a. ORGANIZATION'S NAME Wachovia Bank N.A. Successor by M | | | | | |
| (| OR 12b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME,SUFFIX | | | |

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

__ Description: See original UCC for description