

04/08/2010 01:01:12 PM FILED/CERT

NAME & PHONE OF C			<del></del>			
Corporation Service		1-800-858-5294				
. SEND ACKNOWLEDG						
49232509 - 35	8370					
Prepared B	y:					
Corporation	•	mpany				
801 Adlai S	tevenson Di	rive				
Springfield,	IL 62703-42	261				
		Filed In: Alabam	na Shelby			
INUTIAL FINIANCING STAT	TCMENT CILE #		THE A		R FILING OFFICE U	·····
200810160004078		800		1b. This FINANCING STATEMENT AMENDMENT to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.		
X TERMINATION: Eff	fectiveness of the F	inancing Statement identified above i	s terminated with respect to security intere			
CONTINUATION: 6 continued for the addit			ve with respect to security interest(s) of t	the Secured Party auth	orizing this Continuation	Statement is
ASSIGNMENT (full	or partial): Give na	me of assignee in item 7a or 7b and	address of assignee in item 7c; and also g	ive name of assignor in	item 9.	
AMENDMENT (PART)	INFORMATION	I): This Amendment affects  De	btor <u>or</u> Secured Party of record. Cl	heck only <u>one</u> of these	two boxes.	
	_	nd provide appropriate information in i				. <del></del>
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.			DELETE name: Give record name to be deleted in item 6a or 6b.	ADD also d	name: Complete item 7a or omplete items 7e-7g (if app	/b, and also item 7c; licable).
CURRENT RECORD INF		· · · · · · · · · · · · · · · · · · ·				
JUA. UKGANIZATION S N	TAIAIŒ.					
6b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME SUFF		SUFFIX
OSWALT			TOMMY	Α		
CHANGED (NEW) OR A	DDED INFORMAT	TION:		<u> </u>		<u> </u>
7a. ORGANIZATION'S N	AME		-			
٧			T=:====::::::=	<del></del>		
7b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE	NAME	SUFFIX
MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
1671 Lake Cyrus Club Dr			Hoover	AL	35244	USA
SEEINSTRUCTIONS	ADD'L INFO RE		7f. JURISDICTION OF ORGANIZATIO	N 7g. ORG	<u> </u> ANIZATIONAL ID #, if an	y
	ORGANIZATION DEBTOR					Пиом
AMENDMENT (COLLA Describe collateral del	eted or added	, or give entire restated collater	al description, or describe collateral  ENDMENT (name of assignor, if this is a	n Assignment). If this is		ed by a Debtor whic
adds collateral or adds the a	authorizing Debtor,		by a Debtor, check here and enter na	me of DEBTOR autho	rizing this Amendment	
	authorizing Debtor, AME		by a Debtor, check here and enter na	me of DEBTOR autho	rizing this Amenament	
9a. ORGANIZATION'S NA	AME ial Bank		by a Debtor, check here and enter na	MIDDLE		SUFFIX