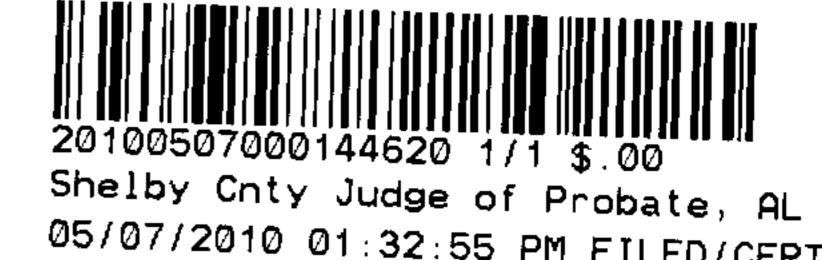
	2010050700014 Shelby Cnty J
ICC FINANCING STATEMENT AMENDMENT	05/07/2010 01



_			MENT AMENDME back) CAREFULLY	ENT		, 0, , 20,0	ຄາ:35:22 bM FIFED\	CERT
	NAME & PHONE OF CO							
		Phone (8	300) 331-3282 Fax (81	8) 662-4141				
B. 8	SEND ACKNOWLEDGE	MENT TO: (Name and	Mailing Address) 10011 10011	1-BANK OF				
•			224427	711				
	CT Lien So		231137	14				
	P.O. Box 29 Glendale, 0	9071 CA 91209-9071	ALAL					
					THE AE	BOVE SPACE	IS FOR FILING OFFICE US	E ONLY
	1997/ 33865 1					to	is FINANCING STATEMENT be filed [for record] (or record AL ESTATE RECORDS.	AMENDMENT is ded) in the
2.	X TERMINATION:	Effectiveness of th	e Financing Statement identified abo	ve is terminated with	respect to security interest(s)	of the Secure	d Party authorizing this Term	ination Statement.
3.	continued for the ac	Effectiveness of the dilutional period provide	e Financing Statement identified abord by applicable law.	ve with respect to the	security interest(s) of the Sec	cured Party au	thorizing this Continuation S	tatement is
4.	ASSIGNMENT (full or partial): Give	name of assignee in item 7a or 7	b and address of a	ssignee in 7c; and also g	ive name of	assignor in item 9.	·
	Also check <u>one</u> of the CHANGE name and	e following three bo d/or address: Give curr	This Amendment affects Dec xes and provide appropriate info ent record name in item 6a or 6b; als ad/or new address (if address change	ormation in items 6 o give new	ed Party of record. Check on and/or 7. DELETE name: Give record to be deleted in item 6a or 6	name	e two boxes. ADD name: Complete item item 7c; also complete items	
í	URRENT RECORD 6a. ORGANIZATION'S AJS ASSOCIA	NAME				· · · · · · · · · · · · · · · · · · ·		
OR	6b. INDIVIDUAL'S LAS	TNAME		FIRST NAME		MIDDLE	NAME	SUFFIX
7. C	HANGED (NEW) OF	R ADDED INFORMA	ATION:					<u>I</u>
	7a. ORGANIZATION'S							
OR	7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX	
7c. N	MAILING ADDRESS			CITY	<u> </u>	STATE	POSTAL CODE	COUNTRY
7d. <u>S</u>	SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION	OF ORGANIZATION	7g. ORG/	ANIZATIONAL ID #, if any	NONE
8. A	MENDMENT (COLL	ATERAL CHANGE): check only one_box.					··

	NAME OF SECURED PARTY OF RECORD AUTHOR adds collateral or adds the authorizing Debtor, or if this is a 1	·	· · · · · · · · · · · · · · · · · · ·	-
	9a. ORGANIZATION'S NAME Bank of America, N.A.			
OR 	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA
23113714 Debtor Name: AJS ASSOCIATES

Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.