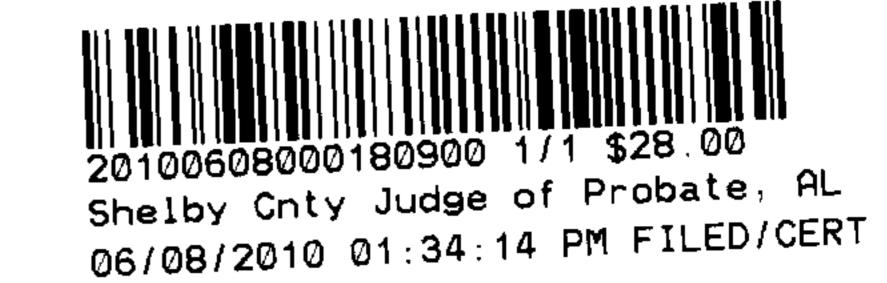
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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Catherine P. Powell, Esquire 404.370.0029 B. SEND ACKNOWLEDGMENT TO: (Name and Address) Tatum Hillman Hickerson & Powell, LLP 1199 Oxford Road, N.E. Atlanta, Georgia 30306 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INITIAL FINANCING STATEMENT FILE # This FINANCING STATEMENT AMENDMENT is Instrument No. 20061208000597510 to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement, CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable). to be deleted in item 6a or 6b. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME The Federal Deposit Insurance Corporation as Receiver for Silverton Bank, N.A. 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 7c. MAILING ADDRESS CITY POSTAL CODE COUNTRY STATE 550 17th Street, N.W. Washington DC 20429-0002 USA 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION District of Columbia non-profit corporation DEBTOR NONE 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and entername of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME Specialty Finance Group, LLC OR 9b. INDIVIDUAL'S LAST NAME MIDDLE NAME FIRST NAME SUFFIX 10. OPTIONAL FILER REFERENCE DATA **Account Number 4049173101**