A. NAME & PHONE OF	NS (front and back) CAREFULLY CONTACT AT FILER [optional]			
SEND ACKNOWLED	GMENT TO: (Name and Address)			
		2010 She I	01025000354980 1/1 \$ 00	
	General Finance Inc. an Equity Funding Inc.	10/2	by Cnty Judge of Probate, 25/2010 09:57:44 AM FILED/(AL CERT
7005 Alma				
Van Buren	, AR 72956			
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				CE ONLY
a. INITIAL FINANCING STA	ATEMENT FILE #	THE ABOVE	SPACE IS FOR FILING OFFICE US 1b. This FINANCING STATEME	
1998-27991			to be filed [for record] (or record). REAL ESTATE RECORDS.	
TERMINATION: E	ffectiveness of the Financing Statement identified above is	s terminated with respect to security interest(s) of	the Secured Party authorizing this Termin	nation Statement.
	Effectiveness of the Financing Statement identified about the litional period provided by applicable law.	ve with respect to security interest(s) of the Sec	cured Party authorizing this Continuation	Statement is
	I or partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give nam	ne of assignor in item 9	
	Y INFORMATION): This Amendment affects De	· · · · · · · · · · · · · · · · · · ·		
	اسا owing three boxes <u>and</u> provide appropriate information in i			
	raddress: Please refer to the detailed instructions the name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a or also complete items 7e-7g (if app	r7b, and also item 7 olicable).
CURRENT RECORD II	· · · · · · · · · · · · · · · · · · ·			
6a. ORGANIZATION'S	NAME			
R 66. INDIVIDUAL'S LAS	STNAME	FIRST NAME	MIDDLE NAME	SUFFIX
Mathis		Jerry / Chesteen	D/K	
	ADDED INFORMATION:			
7a. ORGANIZATION'S	NAME			
R 7b. INDIVIDUAL'S LAS	ST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
		CITY	STATE POSTAL CODE	COUNTRY
c. MAILING ADDRESS			JOINTE JI JOHNE JOBE	
	ADDU INFO DE TAR TYPE DE ORGANIZATION			nv
	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if an	
. SEEINSTRUCTIONS	ORGANIZATION DEBTOR			
SEEINSTRUCTIONS AMENDMENT (COLL	ORGANIZATION DEBTOR ATERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	
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AMENDMENT (COLL Describe collateral Coll NAME OF SECURE	ORGANIZATION DEBTOR ATERAL CHANGE): check only one box. deleted or added, or give entire restated collater. Description of the property of t	7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral assignment and assignm	7g. ORGANIZATIONAL ID #, if an need.	
AMENDMENT (COLL Describe collateral adds collateral or adds the	ORGANIZATION DEBTOR ATERAL CHANGE): check only one box. deleted or added, or give entire restated collater D PARTY OF RECORD AUTHORIZING THIS AM the authorizing Debtor, or if this is a Termination authorized	7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral assignment and assignm	7g. ORGANIZATIONAL ID #, if an ned.	
Describe collateral Collateral Collateral Collateral or adds the Sa. ORGANIZATION'S	ORGANIZATION DEBTOR ATERAL CHANGE): check only one box. deleted or added, or give entire restated collater D PARTY OF RECORD AUTHORIZING THIS AM the authorizing Debtor, or if this is a Termination authorized.	7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral assignment and assignm	7g. ORGANIZATIONAL ID #, if an need.	
d. SEEINSTRUCTIONS AMENDMENT (COLL Describe collateral	ORGANIZATION DEBTOR ATERAL CHANGE): check only one box. Ideleted or added, or give entire restated collater D PARTY OF RECORD AUTHORIZING THIS AM The authorizing Debtor, or if this is a Termination authorized NAME Ceneral Finance Inc	7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral assignment and assignm	7g. ORGANIZATIONAL ID #, if an need.	