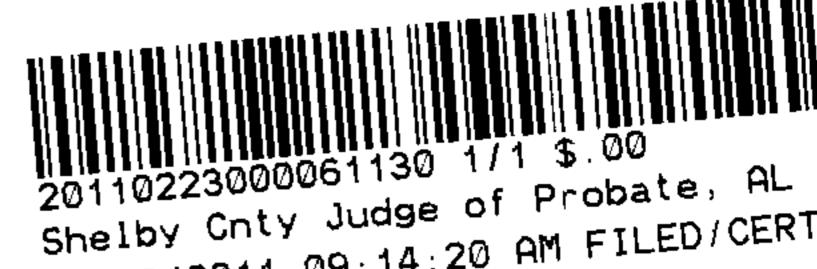
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		a i to	Shelby Cnty Judge of 02/23/2011 09:14:20	AM FILED/CERT
	STATEMENT AMENDME	N i		
	(front and back) CAREFULLY ONTACT AT FILER [optional]			
Corporation Service				
3. SEND ACKNOWLEDGI	MENT TO: (Name and Address)			
56170866 - 330	0860			
Corporation	Service Company			
801 Adlai St	tevenson Drive			
Springfield,	IL 62703			
	Filed In: Alaba		SPACE IS FOR FILING OFFICE U	ISE ONL V
a, INITIAL FINANCING STAT	EMENT FILE#	THE ABOVE	1b. This FINANCING STATEM	
20050121000003327	70 1/21/2005		to be filed [for record] (or record REAL ESTATE RECORDS.	
. X TERMINATION: Effe	ectiveness of the Financing Statement identified above	e is terminated with respect to security interest(s) of		
	ffectiveness of the Financing Statement identified a onal period provided by applicable law.	above with respect to security interest(s) of the Se	cured Party authorizing this Continuation	n Statement is
ASSIGNMENT (full o	or partial): Give name of assignee in item 7a or 7b ar	nd address of assignee in item 7c; and also give na	me of assignor in item 9.	
		Debtor or Secured Party of record. Check of	only <u>one</u> of these two boxes.	
	ving three boxes <u>and</u> provide appropriate information ddress: Please refer to the detailed instructions	in items 6 and/or 7.  DELETE name: Give record name	ADD name: Complete item 7a	or 7b, and also item 7c;
in regards to changing th	e name/address of a party.	to be deleted in item 6a or 6b.	also complete items 7e-7g (if a	pplicable).
6a. ORGANIZATION'S N	AME SMCMOB. L.L.C.	· · · · · · · · · · · · · · · · · · ·		
6b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME	SUFFIX
				<u> </u>
. CHANGED (NEW) OR AL				·
7a. ORGANIZATION S N	Λ;¥IC			
7b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY
	T			
d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	any NON
` <u>—</u>	TERAL CHANGE): check only one box.			
Describe collateral del	eted or added, or give entire restated colla	teral description, or describe collateral assig	gned.	
	PARTY OF RECORD AUTHORIZING THIS A			
	authorizing Debtor, or if this is a Termination authoriz	ed by a Debtor, check here and enter name of	f DEBTOR authorizing this Amendment.	
9a. ORGANIZATION'S N	AME REGIONS BANK			
R 9b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	<i></i>			
O OPTIONAL FILER REFERE	NCE DATA Dobtor CMACMADD I I	C 01-4340059519-00017544	23	
	DEDIGI. SIVICIVIOD. L.L.	U U 1-4340033313-00017344	<b>4</b> J	56170866