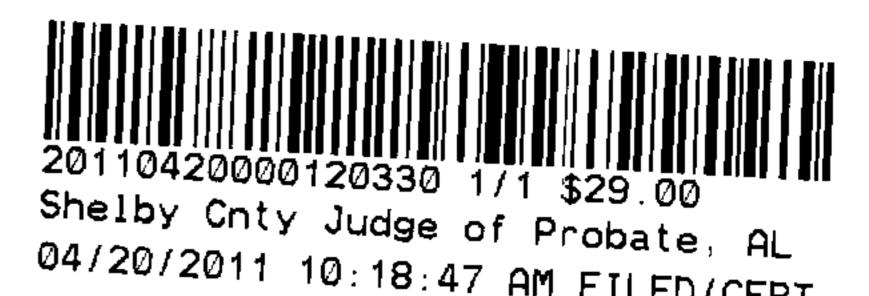
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UCC FINANCING STATEMENT AMENDME	NT	04,20,2011 10:18:47 AM	FILED/CERT
FOLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional]			
Corporation Service Company 1-800-858-5294 B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
57500485 - 358370			
Prepared By:			
Corporation Service Company			
801 Adlai Stevenson Drive			
Springfield, IL 62703-4261	ma a Challast I		
Filed In: Alaba	<u></u>	PACE IS FOR FILING OFFICE	LISE ONLY
1a. INITIAL FINANCING STATEMENT FILE#	THE ABOVE S	1b. This FINANCING STATE	MENT AMENDMENT is
20060710000328100 7/10/2006		to be filed [for record] (or REAL ESTATE RECORD	recorded) in the S.
2. TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated with respect to security interest(s) of the	•	
3. CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law.	bove with respect to security interest(s) of the Secur	ed Party authorizing this Continuation	on Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	d address of assignee in item 7c; and also give name	of assignor in item 9.	
`	Debtor or Secured Party of record. Check only	one of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in CHANGE name and/or address: 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 the name/address of a party.	to be deleted in item 6a or 6b.	also complete items 7e-7g (if a	
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME BIG SKY BUILDERS, INC	· · · · · · · · · · · · · · · · · · ·		
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			· · · · · · · · · · · · · · · · · · ·
7a. ORGANIZATION'S NAME			
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
TO, INDIVIDUAL S CAST NAME			
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if	any NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire restated colla	teral description, or describe collateral assigne	d.	
		· ··· =	
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 		ment). If this is an Amendment authorizing this Amendment	
9a. ORGANIZATION'S NAME First Commercial a div Syno			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
40 ODTIONAL EUED DESERVACIONES DATA			
10.0PTIONAL FILER REFERENCE DATA Debtor: BIG SKY BUILI	DEK2 INC		57500485