CC FINANCING STATEME		IT					
LLOW INSTRUCTIONS (front and back) C							
NAME & PHONE OF CONTACT AT FILER	[optional]						
	-800-858-5294						
SEND ACKNOWLEDGMENT TO: (Name:	and Address)						
58029156 - 347950						<b>T</b> ia	
Corporation Service Com	nanv						
801 Adlai Stevenson Drive	•		201105100 Shelby Cr	000139840 1	/1 \$29.00 f Probate, AL		
Springfield, IL 62703			05/10/201	11 10:41:41	Probate, AL AM FILED/CERT	-	
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L			THE ABOVE	SPACE IS FOR	R FILING OFFICE U	SE ONLY	
NITIAL FINANCING STATEMENT FILE#		1b. This FINANCING STATEMENT AMENDMENT					
0100812000257950 08/12/2010			to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.				
TERMINATION: Effectiveness of the Finan	ncing Statement identified above i	is terminated with resp	ect to security interest(s) of	the Secured Part	y authorizing this Termi	nation Statement.	
CONTINUATION: Effectiveness of the Fir continued for the additional period provided by		ove with respect to sec	curity interest(s) of the Sec	ured Party author	rizing this Continuation	Statement is	
ASSIGNMENT (full or partial): Give name	· · · · ·	address of accions :-	item 7c; and also since now	e of accidence in the	em 0		
MENDMENT (PARTY INFORMATION):		<del></del>					
lso check <u>one</u> of the following three boxes <u>and</u> p	Bu-ra-d		Party of record. Check or	ily <u>one</u> of these to	vo poxes.		
CHANGE name and/or address: Please refer to the	he detailed instructions	DELETE name:	Give record name		ADD name: Complete item 7a or 7b, and also item 7		
in regards to changing the name/address of a par URRENT RECORD INFORMATION:	TY.	to be deleted in	n item 6a or 6b. also complete items 7e-7g (if applicable).		plicable).		
6a. ORGANIZATION'S NAME Buck Cree	ek Construction, Inc.						
6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE N	IAME	SUFFIX	
CHANGED (NEW) OR ADDED INFORMATION	N:						
7a. ORGANIZATION'S NAME							
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		LAIDDLE A	14445	Toursey	
TO. HADIAIDONE S ENST INVINE		FIRST INAME		MIDDLE	MAIME	SUFFIX	
AAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTR	
				JOINIE	POSTAL CODE	COONIK	
SEE INSTRUCTIONS   ADD'L INFO RE   7	e. TYPE OF ORGANIZATION	7f. JURISDICTION	OF ORGANIZATION	7g, ORGA	NIZATIONAL ID#, if a	 nv	
ORGANIZATION DEBTOR						·	
MENDMENT (COLLATERAL CHANGE):	check only one box					<u></u>	
escribe collateral <b>X</b> deleted or added, or	<del></del>	ral description, or des	cribe collateral assign	ed			
tial Release Lot 1408, according to the					Page 70 in the F	Prohata Offica	
	no i mar i lat di Diacinai t	at Danailtrac Fila	sc i, as iccorded in i	viap book or,	age 70, in the i	Tobale Office	
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