7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFF COUNTY 7d. SEEINSTRUCTIONS ADD'L INFO RE ORGANIZATION DESTOR ADD'L INFO RE ORGANIZATION DESTOR ORGANIZATION DESTOR 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATIONAL ID #, if any 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 adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 7g. ORGANIZATION'S NAME ServisFirst Bank							
NAME OF SECURED PRATTY C. RECORD AUTHORIZED THIS AMENDMENT (users of case) and enter reasons of DEST NAME PRINTING PRODUCT SERVICE COMPANION SECONOMIC CONTRACT (INC.) THE ABOVE SPACE IS FOR FLICED CEXT ON the STATE (INC.) THE ABOVE SPACE IS FOR FLICED CEXT ON the STATE (INC.) THE ABOVE SPACE IS FOR FLICED CEXT ON THE STATE (INC.) THE ABOVE SPACE IS FOR FLICED CEXT. T							
NAME of SECURED PARTY OF RECORD AUTHORIZON Proposed and basis Confidence Proposed and particular Proposed and part	CC FINANCING STATEMENT AMENT	MENT					
NAME OF PIONE OF CONTACT AT FILER (pioned)		/ 1 4 : 					
SEND ACKNOWLEDMENT TO. (Name and Address) \$6068284 - 347950 Corporation Service Company	والمرابع والم						
Corporation Service Company 801 Addial Stevenson Drive Springfield, IL 62703 Filed In: Alabama Shelby Filed In: Alabama Shelby THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY III. INITIAL FINANCING STATEMENT FILE # 20100111000010190 Offiliation of the statement of the Filed of the Statement in the Statement of the Statement o		<u></u>					
CONTRIVATION: Effectiveness of the Financing Statement dentified above is formande with respect to security interestity of the Secured Party authorizing this Continuation Statement and additional part of production by a manufactured by a placebase information and additional part of productions. Place in the statement of the sta	. SEND ACKNOWLEDGMENT TO: (Name and Address)						
801 Adiai Stevenson Drive Springfield, IL 62703 Filed In: Alabama Shelby	58069284 - 347950					-	
801 Adiai Stevenson Drive Springfield, IL 62703 Filed In: Alabama Shelby	Corporation Service Company						
Springfield, IL 62703 Filed In: Alabama Shelby			201105110		 		
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY					·		
THE ABOVE SPACE IS FOR PILLING OFFICE USE ONLY INTIAL FINANCING STATEMENT FILE # 20100111000010190 01/11/2010			W571172W	11 11:22:4	13 HM FILED/CER	l	
The FRANCING STATEMENT AMENDA 20100111000010190 01/11/2010	Filed In:	Alabama Shelby					
Description			THE ABOVE S				
TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing the Termination Statement Continued for the delicational period by applicable law. ASSIGNMENT (full or partial): Cive name of assignee in firm 7a or 7b and address of assignee in firm 7a. and also give name of assignor in firm 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of 1 D				to be	filed [for record] (or rec		
CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest; of the Secured Party surforizing this Continuation Statement is continued for the additional period provided by applicable law. ASSIGNMENT (trull or partial): Cive name of assignee in firm 7 av or 7b and address of assignee in firm 7c; and also give name of assignor in item 8. AMENDMENT (PARTY INFORMATION): This Amendment affocts Debtor or Secured Party of record. Check only one of these two boxes. As check gas of the following three boxes and provide appropriate information in items 6 and/or 7. Also check gas of the following three boxes and provide appropriate information in items 6 and/or 7. Also check gas of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGED (The CORD INFORMATION): To change the following three boxes and provide appropriate information in items 6 and/or 7. CHANGED (NEW) OR ADDRESS SIGNATURE FIRST NAME MIDDLE NAME SUFFI CHANGED (NEW) OR ADDRED INFORMATION: To GRANIZATION'S NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFI MAILING ADDRESS ADDL INFORMATION: To GRANIZATION SHAME FIRST NAME MIDDLE NAME SUFFI MAILING ADDRESS ADDL INFORMATION: To GRANIZATION STATE POSTAL CODE COUNTY STATE POSTAL CODE COUNTY AME OR GRANIZATION OR To TYPE OF ORGANIZATION To JURISDICTION OF ORGANIZATION To JURISDICTION OF ORGANIZATION ORGANIZATION DESTOR Describe collateral description, or describe collateral assignment), if this is an Amendment authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 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, check here and enter name of DEBTOR authorizing this Amendment.		fied above is terminated with respe	ct to security interest(s) of th		· · · · · · · · · · · · · · · · · · ·	ation Statement	
ASSIGNMENT (full or parial): Give name of assignee in fem 7a or 7b and address of assignee in filter 7c; and also give name of assignor in fam 8. ASSIGNMENT (full or parial): Give name of assignee in fem 7a or 7b and address of assignee in filter 7c; and also give name of assignor in fam 8. ASSIGNMENT (full or parial): Give name of assignee in fem 7a or 7b and address of assignee in filter 7c; and also give name of assignor in fam 8. ASSIGNMENT (full or parial): Give name of assignor in fam 8. ASSIGNMENT (full or parial): Give name of assignor in fam 8. ASSIGNMENT (full or parial): Give name of assignor in fam 8. ASSIGNMENT (full or parial): Give name of assignor in fam 8. ASSIGNMENT (full or parial): Give name of assignor in fam 8. ASSIGNMENT (full or parial): Give name of assignor in fam 8. ASSIGNMENT (full or parial): Give name of assignor in fam 8. ASSIGNMENT (full or parial): Give name of assignor in fam 8. ASSIGNMENT (full or parial): Give name of assignor in fam 8. ASSIGNMENT (full or parial): Give name of assignor in fam 8. ASSIGNMENT (full or parial): Give name of assignor in fam 8. ASSIGNMENT (full or parial): Give name of assignor in fam 8. ASSIGNMENT (full or parial): Give name of assignor in fam 8. ASSIGNMENT (full or parial): Give name of assignor in fam 7c, and also give name of assignor in fam 8. ASSIGNMENT (full or parial): Give name of assignor in fam 7c, and also give name of assignor in fam 8. ASSIGNMENT (full or parial): Give name of assignor in fam 8c or 6b. ASSIGNMENT (full or parial): Give name of assignor in fam 8c or 6b. ASSIGNMENT (full or parial): Give name of assignor in fam 8c or 6b. ASSIGNMENT (full or parial): Give name of assignor in fam 8c or 6b. ASSIGNMENT (full or parial): Give name of assignor in fam 8c or 6b. ASSIGNMENT (full or parial): Give name of assignor in fam 8c or 6b. ASSIGNMENT (full or parial): Give name of assignor in fam 8c or 6b. ASSIGNMENT (full or parial): Give name of assignor in fam 8c or 6b. ASSIGNME							
AMENDMENT (PARTY INFORMATION): This Amendment uffects Debtor of		sittified above with respect to sect	unity interest(s) of the occur	cu i aity autiloi	izing this continuation t	, tatorriorit io	
AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor gr Secured Party of record. Check only one of these two boxes. Also check does of the following three boxes and provide appropriate information in items 6 and/or 7. Also check does of the following three boxes and provide appropriate information in items 6 and/or 7. CILCHANGE management and/oradises. Disease refer to the deficial distributions DELETE name. Give record mame also complete item 72 or 70, and also for fib. CIVERENT RECORD INFORMATION: Se. ORGANIZATION'S NAME Sierra Building Co., LLC Sel. INDIVIDUAL'S LAST NAME INDIVIDUAL'S LAS	ASSIGNMENT (full or partial): Give name of assignee in item 7a	a or 7b and address of assignee in	item 7c; and also give name	of assignor in it	em 9.		
Also check 20g of the following three boxes and provide appropriate information in terms 6 and/or 7 CHANGE presented to the detailed instructions				•			
Integrats to changing the namehodores of a party. CHARRENT RECORD INFORMATION: Ga. GRGANIZATION'S NAME SIGITA BUILDING CO., LLC Bb. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME CHANGED (NEW) OR ADDED INFORMATION: 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFI MIDDLE NAME SUFFI TO INDIVIDUAL'S LAST NAME MIDDLE NAME STATE POSTAL CODE COUNTY STATE POSTAL CODE COUNTY STATE POSTAL CODE COUNTY AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or deleted or deleted or give entire restated collateral description, or describe collateral assigned. 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, check here and enter name of DEBTOR authorizing this Amendment. Security of this is an Amendment. Security of this is an Amendment. Security of this is an Amendment.		ormation in items 6 and/or 7.					
Sa ORGANIZATION'S NAME SIERTA Building Co., LLC September Sufficient Suffici							
Bb. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFI CHANGED (NEW) OR ADDED INFORMATION: Ta. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME SUFFI STATE POSTAL CODE COUNTY STATE POSTAL CODE COUNTY STATE POSTAL CODE COUNTY STATE POSTAL CODE COUNTY COUN			· ··· · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
CHANGED (NEW) OR ADDED INFORMATION: 7a, ORGANIZATION'S NAME	6a. ORGANIZATION'S NAME Sierra Building Co., LL	C					
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	FIRST NAME		MIDDLE NAME SUFFIX		
75. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFF							
Ta. INDIVIDUAL'S LAST NAME FIRST NAME	CHANGED (NEW) OR ADDED INFORMATION:			<u> </u>		<u>. </u>	
MAILING ADDRESS CITY STATE POSTAL CODE COUNTY SEEINSTRUCTIONS ADDILINFO RE ORGANIZATION OF ORGANIZATION O		··· <u> </u>					
MAILING ADDRESS CITY STATE POSTAL CODE COUNTY STATE POSTAL CODE COUNTY STATE POSTAL CODE COUNTY AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Amendment authorized by a Debto adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME ServisFirst Bank	₹		···································	······································		Laurenz	
SEEINSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any DEBTOR	` 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	FIRST NAME		MINOPE NAME		
SEEINSTRUCTIONS ADD'L INFO RE ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any DEBTOR	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. 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 adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.	INIAILING ADDRESS			JOIN L	OOTAL OODL		
AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. 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 adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.	SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANI	ZATION 7f. JURISDICTION	OF ORGANIZATION	7g. ORGA	NIZATIONAL ID #, if an	<u> </u>	
AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned, 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 adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.	ORGANIZATION 1					Пи	
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 Debto adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.			 		<u> </u>		
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME ServisFirst Bank	· ·		cribe collateral assigne	ed.			
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME ServisFirst Bank							
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME ServisFirst Bank							
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME ServisFirst Bank							
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME ServisFirst Bank							
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME ServisFirst Bank							
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME ServisFirst Bank							
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME ServisFirst Bank							
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME ServisFirst Bank							
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME ServisFirst Bank							
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME ServisFirst Bank	NAME OF SECURED PARTY OF RECORD AUTHORIZING	THIS AMENDMENT (name of	assignor, if this is an Assign	ment). If this is	an Amendment authorize	ed by a Debtor which	
		•					
9b. INDIVIDUAL'S LAST NAME SUFF	9a. ORGANIZATION'S NAME ServisFirst Bank						
'` 9b, INDIVIDUAL'S LAST NAME MIDDLE NAME SUFF	R					<u> </u>	
	` 9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX	