20110805000229730 1/1 \$.00
Shelby Cnty Judge of Probate, A
08/05/2011 12:38:28 PM FILED/CE

OLLOW INSTRUCTIO	JCC FINANCING STATEMENT AMENDMENT			20110805000229730 1/1 \$ 00 Shelby Cnty Judge of Probate, AL 08/05/2011 12:38:28 PM FILED/CERT				
A. NAME & PHONE OF CONT	NS (front and l	back) CAREFU						
	Phone (8	300) 331-3282	E Fax (81	8) 662-4141				
3. SEND ACKNOWLEDGEME	NT TO: (Name and	Mailing Address)	20279 COMF	PASS BANK N				
CT Lien Solut	tions		293274	·78				
P.O. Box 290	71							
Glendale, CA	91209-9071		ALAL					
t					THE AB	OVE SPACE I	IS FOR FILING OFFICE U	ISE ONLY
. INITIAL FINANCING STATEMENT FILE # 20071004000464310 10/04/07 CC AL Shelby				1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.				
X TERMINATION:	Effectiveness of the	e Financing Stateme	nt identified abov	e is terminated wit	n respect to security interest(s)	of the Secured	Party authorizing this Te	mination Statement
CONTINUATION: continued for the additi			nt identified abov	e with respect to th	e security interest(s) of the Sec	ured Party aut	thorizing this Continuation	Statement is
ASSIGNMENT (full	or partial): Give r	name of assignee	in item 7a or 7l	b and address of	assignee in 7c; and also give	e name of a	assignor in item 9.	· · · · · · · · · · · · · · · · · · ·
AMENDMENT (PARTY I					ured Party of record. Check only			
Also check <u>one</u> of the fo CHANGE name and/or name (if name change	r address: Give curre	ent record name in it	em 6a or 6b; also	give new	and/or 7. DELETE name: Give record r to be deleted in item 6a or 6b	E [ADD name: Complete iter item 7c; also complete ite	
CURRENT RECORD IN	FORMATION:							
6a. ORGANIZATION'S NA SHARP PELHAN							•	
6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	MIDDLE NAME SUFFIX			
	OD. HADIAIDONE O ENOT HARVIE						30111	
CHANGED (NEW) OR A	DDED INFORMA	ATION:			· ····································			······································
7a. ORGANIZATION'S NA				· · ·			· - · · · · · · · · · · · · · · · · · · ·	<u>.</u>
R		. <u> </u>					· · · · · · · · · · · · · · · · · · ·	
7b. INDIVIDUAL'S LAST N	IAME			FIRST NAME		MIDDLE NAME		SUFFIX
MAILING ADDRESS			······································	CITY		STATE	POSTAL CODE	COUNTRY
							I JOIAL JOBE	
	ADD'L INFO RE ORGANIZATION	7e. TYPE OF ORG	GANIZATION	7f. JURISDICTIO	N OF ORGANIZATION	7g. ORGA	NIZATIONAL ID #, if any	
1 '	DEBTOR							

ent authorized by a Debtor which Amendment.
SUFFIX

10. OPTIONAL FILER REFERENCE DATA

29327478 Debtor Name: SHARP PELHAM LLC 01505