UCC FINANCING STATEMEN FOLLOW INSTRUCTIONS (front and back) C/		20111219000382810 1/2 \$.00 Shelby Cnty Judge of Probate, AL 12/19/2011 11:49:31 AM FILED/CERT
A. NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 33	1-3282 Fax (818) 662-4141	
B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address of the CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	31025725 ALAL FIXTURE	
		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE # 20060915000459630 09/15/06 CC	AL Shelby	1b. This FINANCING STATEMENT AMENDMENT to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

1a. INITIAL FINANCING 2006091500045		# CC AL Shelby		1b. This to b	FINANCING STATEMEN e filed [for record] (or record AL ESTATE RECORDS.	T AMENDMENT is rded) in the
2. X TERMINATION: 3. CONTINUATION continued for the action.		Financing Statement identified above	e is terminated with respect to security interest(s) with respect to the security interest(s) of the Sec			
4. ASSIGNMENT (f	ull or partial): Give n	ame of assignee in item 7a or 7b	and address of assignee in 7c; and also g	ive name of a	ssignor in item 9.	
Also check <u>one</u> of the	e following three box d/or address: Give curre	This Amendment affects Debe es and provide appropriate informent record name in item 6a or 6b; also d/or new address (if address change)	give new DELETE name: Give record	name	two boxes. ADD name: Complete item item 7c; also complete iten	
6. CURRENT RECORD 6a. ORGANIZATION'S Armstrong Oil	NAME	porated				
6b. INDIVIDUAL'S LAS	TNAME		FIRST NAME	MIDDLE	NAME	SUFFIX
7. CHANGED (NEW) OF 7a. ORGANIZATION'S		ATION:				Ţ
7b. INDIVIDUAL'S LAS	TNAME		FIRST NAME	MIDDLE	NAME	SUFFIX
7c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
7d. SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGA	NIZATIONAL ID #, if any	NONE
8. AMENDMENT (COLL Describe collateral			eral description, or describe collateral assi	igned.		

		RIZING THIS AMENDMENT (name of assignor, if this is a Termination authorized by a Debtor, check here and ent	<u>-</u>	_
	9a. ORGANIZATION'S NAME Compass Bank			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA

31025725 Debtor Name: Armstrong Oil Company, Incorporated 77-1127 AFS 01518

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11.	INITIAL FINANCING STATEMENT FI	LE # (same as item 1a on Amer	ndment form)
200	060915000459630 09/15/06	CC AL Shelby	
12. [NAME of PARTY AUTHORIZING THIS AM	ENDMENT (same as item 9 on Ame	endment form)
	12a. ORGANIZATION'S NAME Compass Bank		

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

__ Description: Real property described on Exhibit B, attached hereto and made a part hereof.