JCC FINANCING STATEMENT AMENDMEN OLLOW INSTRUCTIONS (front and back) CAREFULLY	VT					
A. NAME & PHONE OF CONTACT AT FILER [optional] Corporation Service Company 1-800-858-5294 B. SEND ACKNOWLEDGMENT TO: (Name and Address)	· · · · · · · · · · · · · · · · · · ·					
63426819 - 336190					1 Bil	
Corporation Service Company						
801 Adlai Stevenson Drive		2012010	5000005	600 1/1 \$.00 dge of Probate, A	L	
Springfield, IL 62703-4261		01/05/2	012 12:	15:23 PM FILED/CE	RT	
Filed In: Alaban	<u></u>	THE ABOVE SPAC	CÉ IS FOR	R FILING OFFICE USE (ONI Y	
a. INITIAL FINANCING STATEMENT FILE #			1b. This	FINANCING STATEMENT	MENDM	
2001 52085 11/30/2001			X REA	filed [for record] (or recorde L ESTATE RECORDS.		
TERMINATION: Effectiveness of the Financing Statement identified above		·				
CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.	nove with respect to security intere	st(s) of the Secured F	arty authoi	izing this Continuation State	ement is	
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	l address of assignee in item 7c; ar	d also give name of a	ssignor in it	em 9.		
Land	Secured Party of re	cord. Check only one	of these tv	vo 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	DELETE name: Give recor		☐ ADD na	ime: Complete item 7a or 7b, a	nd also ite	em 7c;
in regards to changing the name/address of a party. CURRENT RECORD INFORMATION:	to be deleted in item 6a or	6 b .	alsoco	mplete items 7e-7g (if applicab	le).	
6a. ORGANIZATION'S NAME SIGNATURE WOOD SPRING	GS, LLC					
R 6b. INDIVIDUAL'S LAST NAME	······································					
OD. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE N	IAME	SUFF	ΙX
. CHANGED (NEW) OR ADDED INFORMATION:		n 		·		
7a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·		···			
R						
7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	IAME	SUFF	IX
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUN	NTRY
d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGAI	VIZATION	7g. ORGA	NIZATIONAL ID #, if any		
DEBTOR						NOI
. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collate	eral description, or describe collat	eral assigned.				
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	MENDMENT (name of assignor, if d by a Debtor, check here and	this is an Assignment enter name of DEBT). If this is a	an Amendment authorized by zing this Amendment.	a Debto	r w hich
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME Fannie Mae	MENDMENT (name of assignor, if d by a Debtor, check here ☐ and	this is an Assignment enter name of DEBT). If this is a	an Amendment authorized by zing this Amendment.	a Debto	r w hich
	MENDMENT (name of assignor, if d by a Debtor, check here ☐ and	this is an Assignment enter name of DEBT	OR authori	zing this Amendment.	a Debto	

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