LLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]			
SEND ACKNOWLEDGMENT TO: (Name and Address)			
	201206070002	01640 1/1 \$.00	
' GREEN TREE SERVICING LLC		Judge of Probate, AL 3:31:28 PM FILED/CERT	
ATTN: DOC CUSTODY T313			
7360 SOUTH KYRENE ROAD			
TEMPE, AZ 85283			
INITIAL CINIANCINIC STATEMENT OF CH	THE ABOVE	SPACE IS FOR FILING OFFICE	
INITIAL FINANCING STATEMENT FILE # 11/21/1994 File #1994-34287		to be filed [for record] (or REAL ESTATE RECORD	recorded) in the
TERMINATION: Effectiveness of the Financing Statement identified a		· · · · · · · · · · · · · · · · · · ·	
CONTINUATION: Effectiveness of the Financing Statement identified	ed above with respect to security interest(s) of the Sec	ured Party authorizing this Continuation	Statement is
continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7	b and address of assignee in item 7c; and also give nan	ne of assignor in item 9.	,
MENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record. Check on	ly o <u>ne of these two boxes.</u>	
Also check <u>one</u> of the following three boxes and provide appropriate informat			
CHANGE name and/or address: Give current record name in item 6a or name (if name change) in item 7a or 7b and/or new address (if address)	6b; also give new DELETE name: Give record to be deleted in item 6a or 6		em 7a or 7b, and als tems 7d-7g (if applic
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
AGEE	GEORGE		JR
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
	FIRST NAME	MIDDLE NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME	FIRST NAME CITY	MIDDLE NAME STATE POSTAL CODE	
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	ÇſŢŶ		COUNTR
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	ÇſŢŶ	STATE POSTAL CODE	any
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	CITY ON 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if a	any
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