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CC FINANCING STATEMEN OLLOW INSTRUCTIONS (front and back) CA	T AMENDME REFULLY	NT				
NAME & PHONE OF CONTACT AT FILER [optional]	1-3282 Fax (818	8) 662-4141				
SEND ACKNOWLEDGEMENT TO: (Name and Mailing Ac	Idress) 23665 WELLS	S FARGO RO				
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CT Lien Colutions	346284	.42				
CT Lien Solutions	J40204				0335680 1/2 \$.00	
P.O. Box 29071 Glendale, CA 91209-9071	ALAL				y Judge of Proba 02:54:44 PM FIL	
1	FIXTUF	₹E ₁				
			THE A	BOVE SPACE IS	S FOR FILING OFFICE U	SE ONLY
INITIAL FINANCING STATEMENT FILE # 20050202000051320 02/02/05 CC	AL Shelby			▼ to b	FINANCING STATEMENT of filed [for record] (or record).	
	Statement identified above	e is terminated with	respect to security interest(s	<u> </u>		rmination Statement.
CONTINUATION: Effectiveness of the Financing	Statement identified abov					
continued for the additional period provided by applic	<u> </u>					
ASSIGNMENT (full or partial): Give name of a					-	<u> </u>
AMENDMENT (PARTY INFORMATION): This Ame		— LJ	ared Party of record. Check of and/or 7	niy <u>one</u> of these	(WC DOXES.	
Also check <u>one</u> of the following three boxes a <u>nd</u> property CHANGE name and/or address: Give current record	name in item 6a or 6b; also	o give new	DELETE name: Give record to be deleted in item 6a or 6		ADD name: Complete iter tem 7c; also complete ite	
name (if name change) in item 7a or 7b and/or new a	ddress (ii address change) IT REIT 7C.	J to be deleted in item oa or t		tom ro, also somplets no	
6a. ORGANIZATION'S NAME				<u> </u>		
Polymet Alloys, Inc.		TOT MANE	<u> </u>	MIDDLE		SUFFIX
6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	IAIVIE	SOFTIX
OLIANIOED WIEDDED NIEDDER TION.				·	·	
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	<u></u>				<u> </u>	<u> </u>
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE N	IAME	SUFFIX
MAILING ADDRESS	- .	CITY		STATE	POSTAL CODE	COUNTRY
MAILING ADDRESS						
DEL MOTROSTION ADDE IN ORL	E OF ORGANIZATION	7f. JURISDICTIO	ON OF ORGANIZATION	7g. ORGA	NIZATIONAL ID #, if any	<u> </u>
ORGANIZATION DEBTOR	· 					NONE
AMENDMENT (COLLATERAL CHANGE): check						
Describe collateral deleted or added, or give	entire restated collat	teral description, o	or describe collateralass	signed.		

9. N	AME OF SECURED PARTY OF RECORD AUTHOR adds collateral or adds the authorizing Debtor, or if this is a T	IZING THIS AMENDMENT (name of assignor, if this is ermination authorized by a Debtor, check here and en	an Assignment). If this is an Amendment author ter name of DEBTOR authorizing this Amendme	ized by a Debtor which nt.	
	9a. ORGANIZATION'S NAME WACHOVIA BANK, N.A.				
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	

10. OPTIONAL FILER REFERENCE DATA

34628442 Debtor Name: Polymet Alloys, Inc. 19499 0263336868

	C FINANCING STATEME		IT ADDENDUM
11. 1	INITIAL FINANCING STATEMENT FIL	LE # (same as item 1a on Amer	idment form)
200	050202000051320 02/02/05	CC AL Shelby	
12. N	NAME of PARTY AUTHORIZING THIS AME	ENDMENT (same as item 9 on Am	endment form)
•	12a. ORGANIZATION'S NAME WACHOVIA BANK, N.A.		
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
<u>-43</u>	Use this space for additional inform	nation	



Shelby Cnty Judge of Probate, AL 09/05/2012 02:54:44 PM FILED/CERT

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__ Description: see orig exhibit a