A. NAME & PHONE OF CONTACT AT FILER [optional]  Corporation Service Company 1-800-858-5294  B. SEND ACKNOWLEDGMENT TO: (Name and Address)								
74848436 - 3	•	and Address)			20130408	000144980 1/1 \$29 nty Judge of Pro	bate, H	∄L_
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INITIAL FINANCING ST	ATEMENT FILE #			THE ABOVE S	1b. This	FINANCING STATEMENT	AMENDM	
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		noing Statement identified above is t						
1 / <b>34</b>	litional period provided l	nancing Statement identified above by applicable law.	e with respect to sec	inty interest(s) of the Secu	red Faily autho	mzing this Continuation St	atement is	
ASSIGNMENT (ful	l or partial): Give name	of assignee in item 7a or 7b and ad	ldress of assign <del>ee</del> in	tem 7c; and also give name	of assignor in	item 9.		
_		<b></b>		Party of record. Check only	y <u>one</u> of these t	wo boxes.		
CHANGE name and/or	raddress: Please refer to t		DELETE name:	Give record name		ame: Complete item 7a or 7b		em 7c;
in regards to changing CURRENT RECORD II	the name/address of a pa NFORMATION:	rty.	to be deleted in	tem 6a or 6b.	alsoco	omplete items 7e-7g (if applic	able).	
		OE DRIVE LLC		······································	<del></del>		<u>.</u>	
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6b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME SUFFIX		X	
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7a, ORGANIZATION'S		N: 					<u> </u>	
76. INDIVIDUAL'S LAST NAME		· · · · ·	FIRST NAME		MIDDLE NAME SUFFIX			
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MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUN	ITRY
SEEINSTRUCTIONS	ADD'L INFO RE 17	e. TYPE OF ORGANIZATION	7f. JURISDICTION	OF ORGANIZATION	Za. ORG.	ANIZATIONAL ID #, if any	<u> </u>	
<u>OLL INCTITOUTO</u>	ORGANIZATION DEBTOR	O. THE COLORGANIZATION			, g. G.(G.		Γ	NO
AMENDMENT (COLL		: check only one box.			<u> </u>			INC
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