## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A, NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818) 662-4141 B. SEND ACKNOWLEDGMENT TO: (Name and Address) 10656 - PRIME ACCEPTANCE COR 39606381 CT Lien Solutions P.O. Box 29071 ALAL Glendale, CA 91209-9071 FIXTURE

Shelby Cnty Judge of Probate, AL 08/30/2013 03:33:50 PM FILED/CERT

File with: Shelby, AL.  INITIAL FINANCING STATEMENT FILE #	11C ADOVE	SPACE IS FOR FILING OFFICE  1b. This FINANCING STATEMENT	
20080925000380110 9/25/2008 CC AL Shelby		to be filed [for record] (or record REAL ESTATE RECORDS.	
TERMINATION: Effectiveness of the Financing Statement identified above is terminate			
CONTINUATION: Effectiveness of the Financing Statement identified above with responding continued for the additional period provided by applicable law.	ect to security interest(s) of the Secured Party authorizin	g this Continuation Statement is	
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of	assignee in item 7c; and also give name of assignor in i	tem 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Se	cured Party of record. Check only one of these two bo	kes.	
Also check one of the following three boxes and provide appropriate information in items 6	and/or 7.		
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a calso complete items 7e-7g (if ag	or 7b and also item 7c; oplicable).
CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
CHAFIN	JAMES		
CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
: MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
ORGANIZATION DEBTOR			NON
AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire restated collateral desc	ription, or describe collateral assigned.		
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	9a. ORGANIZATION'S NAME	Termination authorized by a Debtor, check here and enter name of	DEBTOR additionzing this Amendment.				
	Prime Acceptance Corp.						
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX			

1. INITIAL 200809	FINANCING STATEMENT FILE # (s. 225000380110 9/25/2	on Amendment form) ON CC AL Shelby	
		NDMENT (same as item 9 on Amendmer	nt form)
	rganization's NAME ne Acceptance Corp.		
1 11111	,		

20130830000355340 2/2 \$31.00 20130830000355340 2/2 \$31.00 Shelby Cnty Judge of Probate, AL 08/30/2013 03:33:50 PM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Real Estate Description follows:

Recorded Owner:

Owner Address:,

Description: A PARCEL OF LAND SITUATED IN THE NORTH 1/2 OF THE NORTHEAST 1/4 OF SECTION 21, TOWNSHIP 20 SOUTH, RANGE 3 WEST, CITY OF HELENA, SHELBY COUNTY, ALABAMA.