UCC FINANCING STATEMENT AMEND FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) ADRIANA FERNANDEZ (800) 837-9700	MENT	201	401150000143		
B. E-MAIL CONTACT AT FILER (optional)		She 01/	15/2014 12.0	70 1/1 \$31.00 ge of Probate, A 7:31 PM FILED/CE	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) CASTLE CREDIT CORPORATION 8430 W BRYN MAWR AVE STE 750				PM FILED/CE	RT
CHICAGO IL 60631					
1a. INITIAL FINANCING STATEMENT FILE NUMBER UCC1-20090126000024890 1/26/2009 S	Shelby AL	b. This FINANCING Sometime (or recorded) in the	STATEMENT AMEI e REAL ESTATE R	NDMENT is to be filed [for ECORDS or UCC3Ad) and provide De	or record)
TERMINATION: Effectiveness of the Financing Statement idea Statement					
ASSIGNMENT (full or partial): Provide name of Assignee in it For partial assignment, complete items 7 and 9 and also indicate	em 7a or 7b, <u>and</u> address of affected collateral in item 8	Assignee in item 7c and	name of Assignor i	n item 9	
4. CONTINUATION: Effectiveness of the Financing Statement is continued for the additional period provided by applicable law	· -		of Secured Party	authorizing this Continua	ition Statement is
Check one of these two boxes: This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Inform 6a. ORGANIZATION'S NAME		ddress: Complete a or 7b <u>and</u> item 7c7			
This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Inform	CHANGE name and/or a item 6a or 6b; and item 7 nation Change - provide only g	ddress: Complete 7 7 7 2 1 7 7 2 1 7 2 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
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