


UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	Shelby Chty Judge of Probate, HE 03/18/2014 09:25:03 AM FILED/CERT				
A. NAME & PHONE OF CONTACT AT FILER (optional)  LOAN SERVICING 800-775-8015					
B. E-MAIL CONTACT AT FILER (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
FIRST MUTUAL SALES FINANCE					
PO BOX 1647					
BELLEVUE, WA 98009		THE ABOVE SPACE	E IS FOR FILIN	G OFFICE USE (	DNLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER	1	o. This FINANCING STATEM	ENT AMENDMEN	T is to be filed [for	
20090413000135620 04/13/2009  2. TERMINATION: Effectiveness of the Financing Statement identified above	ove is terminated wi	Filer: <u>attach</u> Amendment Adde	endum (Form UCC3/	Ad) <u>and</u> provide Debto	
Statement  ACCICNING NIT (full or portion). Describe name of Appiroso in item 70.05	. 7h. and addraga of	Assistant 7s and some of	Appignes in items (		
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or For partial assignment, complete items 7 and 9 and also indicate affected		Assignee in item 7c <u>and</u> name of	Assignor in item 9	}	
4. CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	above with respect t	o the security interest(s) of Secu	red Party authoriz	ing this Continuation	n Statement is
5. PARTY INFORMATION CHANGE:			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Check one of these two boxes.	one of these three box ANGE name and/or ad a 6a or 6b; <u>and</u> item 7a	dress: CompleteADD name	e: Complete item and item 7c	DELETE name:	Give record name
6. CURRENT RECORD INFORMATION: Complete for Party Information Cha			ario item 70	to be deleted in it	
6a. ORGANIZATION'S NAME					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONA		ADDITIONAL NAM	ME(S)/INITIAL(S)	SUFFIX
JONES	EDWAR				
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform 7a. ORGANIZATION'S NAME	nation Change - provide or	ly <u>one</u> name (7a or 7b) (use exact, full nar	ne; do not omit, modify,	or abbreviate any part of	the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME	<u>-</u> .				
(AUDI) (IDI) FIDOT DEDOCALA LA					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	· · · · · <u>- · - · · · - · · · · · · · ·</u>			- <u>-</u>	SUFFIX
7c. MAILING ADDRESS	CITY	· · · · · · · · · · · · · · · · · · ·	STATE POSTA	L CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: Also Indicate collateral:  ADDITIONAL DEBTOR: JONES, ANGELA  ADDRESS: 5138 COLONIAL PARK RD, BIRMING	HAM, AL 352		ESTATE covered c	ollateral A	SSIGN collateral
	. 7.557.1.111.1.1				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A If this is an Amendment authorized by a DEBTOR, check here and provide	AMENDMENT: Pro		ame of Assignor, if	this is an Assignme	nt)
9a. ORGANIZATION'S NAME		··	00/01/0/	·····	
OR SURNAME SURNAME	FIRST PERSONA	LNAME	02/21/20 ADDITIONAL NAM		SUFFIX
				100	
10. OPTIONAL FILER REFERENCE DATA:  DEBTOR: JONES 52-125654-01		SHELBY, A	L \$28.00		