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UCC FINANCING STATEMENT AMENDME	NI				
A. NAME & PHONE OF CONTACT AT FILER (optional)					
B. E-MAIL CONTACT AT FILER (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
GREEN TREE SERVICING LLC					
ATTN: RELEASE DEPT		20140328000087 Shelby Crty Jud	470 1/1 \$ dge of Pr	00 Obate. Al	
7360 S KYRENE RD T-313		03/28/2014 12:2	22:59 PM	FILED/CERT	
TEMPE, AZ 85283		THE ABOVE SPACE	CE IS FOR F	FILING OFFICE U	SE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER	1b.	This FINANCING STATEM	MENT AMEND	MENT is to be filed	
3-17-99 FILE # 1999-11224		(or recorded) in the REAL Filer: attach Amendment Add	lendum (Form L	JCC3Ad) <u>and</u> provide I	
2. TERMINATION: Effectiveness of the Financing Statement identified a Statement	bove is terminated with res	pect to the security interes	st(s) of Secure	ed Party authorizing	this Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a of For partial assignment, complete items 7 and 9 and also indicate affects	or 7b, <u>and</u> address of Assigned collateral in item 8	nee in item 7c and name o	of Assignor in	item 9	
4 CONTINUATION: Effectiveness of the Financing Statement identified		security interest(s) of Sec	ured Party au	thorizing this Contir	nuation Statement is
continued for the additional period provided by applicable law					
5. PARTY INFORMATION CHANGE: AND Check Check one of these two boxes:	one of these three boxes to	Complete — ADD nan	ne: Complete i	itemDELETE na	ame: Give record name
Time Change and the management of the control of th	IANGE name and/or address m 6a or 6b; <u>and</u> item 7a or 7b	<u> </u>	and item 7c	to be delete	ed in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information	hange - provide only <u>one</u> na	me (ba or bb)			<u> </u>
			LADDITIONA	L NAME(S)/INITIAL(S) SUFFIX
6b. INDIVIDUAL'S SURNAME ONEAL	FIRST PERSONAL NAME LINDA		ADDITIONA	IL MANIE(O)/INTITIAL(
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info	ormation Change - provide only one	name (7a or 7b) (use exact, full na	ame; do not omit,	modify, or abbreviate any	part of the Debtor's name)
7a. ORGANIZATION'S NAME					<u> </u>
OR 75. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					<u>.,</u>
					SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE F	POSTAL CODE	COUNTRY
			-507475		ASSIGN collateral
O. C. COLLINITAL OF MATORIA CARROLL STREET	ADD collateral DI	ELETE collateral	RESTATE COV	vered collateral	ASSIGN collateral
Indicate collateral:					
			/	ener if this is on Ass	ianment)
	S AMENDMENT: Provide	toriy <u>one</u> name (9a or 9b) ((Hame of Assi	grior, il tillo lo alli Abb	
9a. ORGANIZATION'S NAME GREEN TREE FINANCIAL SERVICIN	NG CORP-ALB	AMA			
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA		ADDITION	AL NAME(S)/INITIAL	(S) SUFFIX
40 ODTIONAL EU ED DECEDENCE DATA:					
10. OPTIONAL FILER REFERENCE DATA:	CCT # 38307372	KEN	NT SMIT	'H	