

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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|---|-----------------------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818) 662-4141 | |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) 16778 - COMPASS BANK - VALLE | |
| CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 | 43048879 ALAL FIXTURE |
| File with: Shelby, AL | |

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Shelby Cnty Judge of Probate, AL
04/30/2014 11:17:22 AM FILED/CERT

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|---|-----------------------------------|--------------------------|----------------------------------|--|---------------------|
| 1a. INITIAL FINANCING STATEMENT FILE # 20070402000148240 4/2/2007 CC AL Shelby | | | | 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the <input checked="" type="checkbox"/> REAL ESTATE RECORDS. | |
| 2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. | | | | | |
| 3. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law. | | | | | |
| 4. <input type="checkbox"/> 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 item 9. | | | | | |
| 5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes. Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in items 6 and/or 7. <input type="checkbox"/> CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b and also item 7c; also complete items 7e-7g (if applicable). | | | | | |
| 6. CURRENT RECORD INFORMATION: | | | | | |
| 6a. ORGANIZATION'S NAME SELKIRK II PARTNERS, L.L.C. | | | | | |
| OR | 6b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX |
| 7. CHANGED (NEW) OR ADDED INFORMATION: | | | | | |
| 7a. ORGANIZATION'S NAME | | | | | |
| OR | 7b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX |
| 7c. MAILING ADDRESS | | | CITY | STATE | POSTAL CODE COUNTRY |
| 7d. <u>SEE INSTRUCTIONS</u> | ADD'L INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION | 7f. JURISDICTION OF ORGANIZATION | 7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE | |
| 8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned. | | | | | |

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|---|----------------------------|--|-------------------------------|
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment. | | | |
| 9a. ORGANIZATION'S NAME Compass Bank | | | |
| OR | 9b. INDIVIDUAL'S LAST NAME | | FIRST NAME MIDDLE NAME SUFFIX |
| 10. OPTIONAL FILER REFERENCE DATA Debtor Name: SELKIRK II PARTNERS, L.L.C. 43048879 01505 77-1902 AFS | | | |

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

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|---|-----------------------------|--------------------|
| 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) | | |
| 20070402000148240 4/2/2007 CC AL Shelby | | |
| 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) | | |
| 12a. ORGANIZATION'S NAME | | |
| Compass Bank | | |
| OR | 12b. INDIVIDUAL'S LAST NAME | FIRST NAME |
| | | MIDDLE NAME,SUFFIX |

13.Use this space for additional information



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Debtor Name and Address:
— SELKIRK II PARTNERS, L.L.C. - 3591 Cahaba Road , Birmingham, AL 35242
Secured Party Name and Address:
Compass Bank - 701 32nd St. South , Birmingham, AL 35233

Real Estate Description follows:
Recorded Owner:
Owner Address : ,
Description: See exhibit "A"