OLLOW INSTRUCTIONS  A. NAME & PHONE OF CONTACT AT FI	LER (optional)					
B. E-MAIL CONTACT AT FILER (optional	)					
SEND ACKNOWLEDGMENT TO: (Na Gregory D. Hughes, Esq.	ame and Address)		2014061000			
Hughes White Kralicek 2300 Windy Ridge Parkwa	ıy		2014061000 Shelby Cnt 06/10/2014	y Judge	1/1 \$.00 Of Probate, AL 9 PM FILED/CERT	
Suite 570 South Atlanta, GA 30339				00.02.3	a bu FireD/CERT	
INITIAL FINANCING STATEMENT FILE NU	MRED		THE ABOVE SE		R FILING OFFICE USE	
20090925000365990	WIDER		(or recorded) in the RE	ALESTATE	RECORDS m UCC3Ad) <u>and</u> provide Debte	
TERMINATION: Effectiveness of the Statement	Financing Statement identified	above is terminated	with respect to the security inte	rest(s) of Se	cured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide For partial assignment, complete items	<del>-</del>			e of Assignor	in item 9	
CONTINUATION: Effectiveness of the	he Financing Statement identif			ecured Party	authorizing this Continuation	on Statemen
continued for the additional period provents of the provents o	rided by applicable law					
This Change affects Debtor or Secur  CURRENT RECORD INFORMATION:	ed Party of Tecord	CHANGE name and/or it <mark>em</mark> 6a or 6b; <u>and</u> item	79 OC 711 8000 NBW 711   178 OC	ame: Comple 7b, <u>and</u> item 7	c to be deleted in i	itelli oa oi ob
6a. ORGANIZATION'S NAME Ridgeview Assisted Liv	Complete for Party Information	Change - provide only				
6a. ORGANIZATION'S NAME  Ridgeview Assisted Liv	<u>`</u>	Change - provide only	one name (6a or 6b)	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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