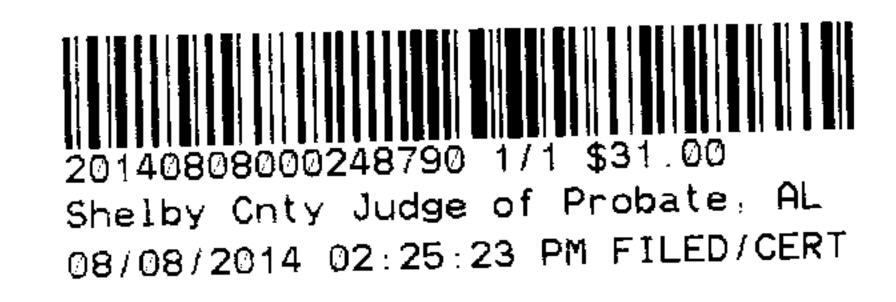
· !		
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UCC FINANCING STATEMENT AMENDMENT FOLLOWINSTRUCTIONS	ENT				
A. NAME & PHONE OF CONTACT AT FILER (optional)					
Sadie Wright (800) 642-6233 B. E-MAIL CONTACT AT FILER (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	··· ··· · · · · · · · · · · · · · · ·				
PRA RECEIVABLES MANAGEMENT, LLC 10 ORCHARD SUITE 100 LAKE FOREST, CA 92630					
1a. INITIAL FINANCING STATEMENT FILE NUMBER INICT# 2000015000252560 DEC 00/15/200	10	1b. This FINANCING		ENDMENT is to be f	
INST# 20090915000352560 REC. 09/15/200 2. TERMINATION: Effectiveness of the Financing Statement identified		Filer: <u>attach</u> Amend	dment Addendum (Fo	m UCC3Ad) <u>and</u> prov	de Debtor's name in item 13
Statement			<u>. </u>		
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate affections.	or 7b, <u>and</u> address of ted collateral in item	of Assignee in item 7c <u>and</u> 8	d name of Assigno	r in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	ed above with respec	t to the security interest(s	s) of Secured Party	authorizing this Co	ntinuation Statement is
5. PARTY INFORMATION CHANGE:	le 000 05 th 000 th 000 th				
2.11 - 1 <u>2.12</u> 1. 1.1010 11. 4 20 100.	k <u>one</u> of these three b CHANGE name and/or em 6a or 6b; <u>and</u> item		ADD name: Compl 7a or 7b, <u>and</u> item 7	ete item DELETE	name: Give record name eted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information (6a. ORGANIZATION'S NAME			· · · · · · · · · · · · · · · · · · ·		
OR 6b. INDIVIDUAL'S SURNAME	ELDOT DEDO		·····	,	
LILY	SHIRL]		ADDITIC	NAL NAME(S)/INITIA	VL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Organization's NAME	formation Change - provide	only <u>one</u> name (7a or 7b) (use ex	kact, full name; do not o	mit, modify, or abbreviate a	any part of the Debtor's name)
PORTFOLIO RECOVERY ASSOCIAT 7b. INDIVIDUAL'S SURNAME	ES LLC		<u></u>	<u></u> .	
. INDIVIDUAL S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	· ·- · · ·			_ 	SUFFIX
7c. MAILING ADDRESS	CITY		ISTATE	POSTAL CODE	COUNTRY
10 ORCHARD, SUITE 100	LAKE I	OREST	CA	92630	USA
8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD collateral	DELETE collateral	RESTATE	overed collateral	ASSIGN collateral
ORIGINAL FILING (DEBTOR): LILY, SHIRLEY					
PROPERY ADDRESS: 369 HWY 227 CALERA AI ORIGINAL FILING NUMBER: INST# 2009091500		C. 09/15/2009			
				T O 4 TO B T C 1 4 4 TO	
DESCRIPTION: 3 ACRES IN NE CORNER OF THE COUNTY ALABAMA. PIN# 353050001028000.	LE IN VV 1/4 OF	THE SE 1/4 OF	SECS, I WI	124 , KNG 141	S, SHELBY
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment authorized by a DEBTOR, check here and prov	S AMENDMENT: Finde name of authorizing	Provide only <u>one</u> name (9a na Debtor	or 9b) (name of As	signor, if this is an As	signment)
9a. ORGANIZATION'S NAME NATIONAL CAPITAL MANAGEMEN'	<u> </u>				
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIA	L(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA:					
430783/901023142					