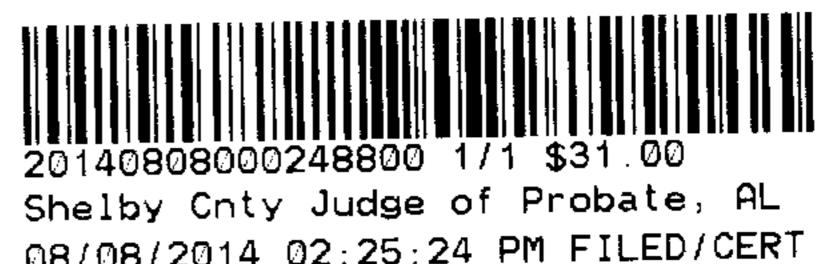
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UCC FINANCING STATEMENT AMENDME FOLLOWINSTRUCTIONS	ENT	08/08/20	14 02:25:24 PM F	·ILED/CERI		
A. NAME & PHONE OF CONTACT AT FILER (optional)  Sadie Wright (800) 642-6233						
B. E-MAIL CONTACT AT FILER (optional)						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
PRA RECEIVABLES MANAGEMENT, LLC 10 ORCHARD SUITE 100 LAKE FOREST, CA 92630						
	THE	ABOVE SPACE IS E	OP EII ING OFFIGE I	10F 0M M		
1a. INITIAL FINANCING STATEMENT FILE NUMBER INST# 20090915000352560 REC. 09/15/200	1b. This FINAN (or recorde	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record]  (or recorded) in the REAL ESTATE RECORDS  Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 1				
2. TERMINATION: Effectiveness of the Financing Statement identified a Statement	above is terminated with respect to the	security interest(s) of S	ecured 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 Assignee in item	7c <u>and</u> name of Assign	or in item 9			
4. CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law		erest(s) of Secured Par	ty authorizing this Contir	nuation Statement is		
5. PARTY INFORMATION CHANGE:						
This Change affects Debtor or Secured Party of record ite  6. CURRENT RECORD INFORMATION: Complete for Party Information C	one of these three boxes to: HANGE name and/or address: Complete on 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c hange - provide only <u>one</u> name (6a or 6b	7a or 7b, and item		me: Give record name d in item 6a or 6b		
6a. ORGANIZATION'S NAME		<u>,                                     </u>				
6b. INDIVIDUAL'S SURNAME  LILY	FIRST PERSONAL NAME  SHIRLEY	ADDITI	ONAL NAME(S)/INITIAL(S	S) SUFFIX		
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info	rmation Change - provide only <u>one</u> name (7a or 7b)	ſ	omit, modify, or abbreviate any	part of the Debtor's name)		
OR 7b. INDIVIDUAL'S SURNAME	, ,	. <u> </u>				
INDIVIDUAL'S FIRST PERSONAL NAME	<u> </u>		<u></u> , <u></u>	<u>.                                    </u>		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		······································	<del></del>	SUFFIX		
7c. MAILING ADDRESS	CITY	STATE	IDOCTAL CODE			
		SIAIE	POSTAL CODE	COUNTRY		
8. COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boxes: A	DD collateral DELETE collate	rai RESTATE	covered collateral	ASSIGN collateral		
ORIGINAL FILING (DEBTOR): LILY, SHIRLEY APROPERY ADDRESS: 369 HWY 227 CALERA AL ORIGINAL FILING NUMBER: INST# 20090915000	35040					
DESCRIPTION: 3 ACRES IN NE CORNER OF THE COUNTY ALABAMA. PIN# 353050001028000.	E NW 1/4 OF THE SE 1/4	OF SEC5, TWI	N24, RNG 14E, S	SHELBY		
9a. ORGANIZATION'S NAME	e name of authorizing Debtor	e (9a or 9b) (name of As	signor, if this is an Assigr	nment)		
PORTFOLIO RECOVERY ASSOCIATE  9b. INDIVIDUAL'S SURNAME	<del> </del>					
. INDIVIDUAL S SURINAIVIE	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX		
0. OPTIONAL FILER REFERENCE DATA: 430783/901023142						