UCC FINANCING STATEMENT AMEND FOLLOW INSTRUCTIONS	MENT				
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-	5294				
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				. (m. m.)	
110064857 - 358370					
Corporation Service Company	•	20160115000	016010	of Probate, AL	
801 Adlai Stevenson Drive	Filed In: Alabama	Shelby Chty 01/15/2016	11:59:	15 AM FILED/CERT	
Springfield, IL 62703	(Shelby)				
	``			R FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE NUMBER Inst# 1998-15801 05/01/1998		1b. This FINANCING STATEM (or recorded) in the REAL Filer. <u>attach</u> Amendment Adde	COLVIE	RECORDS	
2. TERMINATION: Effectiveness of the Financing Statement idea	ntified above is terminated	with respect to the security interes	t(s) of Sec	cured Party authorizing thi	s Termination
ASSIGNMENT (full or partial): Provide name of Assignee in its For partial assignment, complete items 7 and 9 and also indicate	em 7a or 7b, <u>and</u> address of affected collateral in item	of Assignee in item 7c <u>and</u> name of 8	Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement is continued for the additional period provided by applicable law	dentified above with respec	t to the security interest(s) of Secu	red Party	authorizing this Continuat	ion Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes.	Check <u>one</u> of these three b CHANGE name and/or item 6a or 6b; <u>and</u> item		e: Comple	ete itemDELETE name; cto be deleted in	Give record name
This Change affects Debtor or Secured Party of record			and item 7	c to be deleted in	item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Inform 6a. ORGANIZATION'S NAME	nation Change - provide only	One hame (oa or ob)			
6b. INDIVIDUAL'S SURNAME ANGEL	FIRST PERSONAL NAME CHARLES		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or	Party Information Change - provide	only one name (7a or 7b) (use exact, full nar	me; do not o	mit, modify, or abbreviate any part	of the Debtor's name)
7a. ORGANIZATION'S NAME					
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes	: ADD collateral	DELETÉ collateral R	ESTATE (covered collateral	ASSIGN collateral
Indicate collateral:					, 100,011 0011110
9. NAME OF SECURED PARTY OF RECORD AUTHORIZIN			ame of As	signor, if this is an Assignm	nent)
If this is an Amendment authorized by a DEBTOR, check here as a second s		ing Dentoi		<u>.</u>	
OP		ALAI ALABATT	I A DOI	NIAL STABLE (A) (B)	Loueine
9b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: ANGEL	CHARLES L-WR	459505	<u> </u>	·	14000405

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