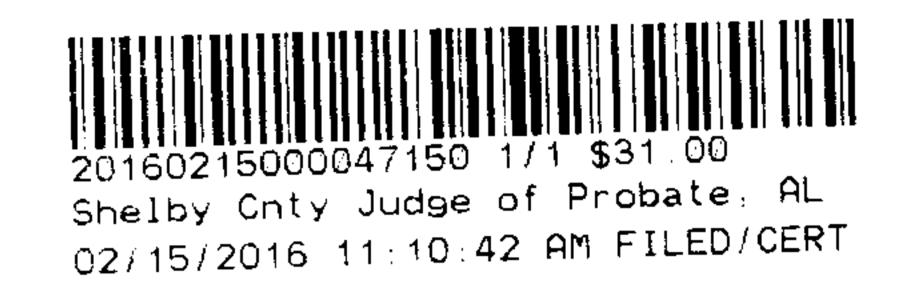
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		<u> </u>	



## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS				
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)				
111650269 - 347950				
Prepared By:				
Corporation Service Company 801 Adlai Stevenson Drive	ed In: Alabama			
Springfield, IL 62703-4261	(Shelby)			
	(3,3,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4	THE ABOVE SPA	CE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20110708000198630 7/8/2011		(or recorded) in the KEAL	MENT AMENDMENT is to be filed [for ESTATE RECORDS dendum (Form UCC3Ad) and provide Debte	
2. TERMINATION: Effectiveness of the Financing Statement identified Statement	above is terminated v	with respect to the security interes	st(s) of Secured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a     For partial assignment, complete items 7 and 9 and also indicate affects.			of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identification continued for the additional period provided by applicable law	ed above with respect	to the security interest(s) of Sec	ured Party authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:				
Uneck one of these two poxes.	k <u>one</u> of these three b		ne: Complete item DELETE name:	Give record name
This Change affects Debtor or Secured Party of record it	tem 6a or 6b; <u>and</u> item	address: Complete 7a or 7b <u>and</u> item 7c 7a or 7b,	ne: Complete item DELETE name: and item 7c to be deleted in	item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information 6. 6a. ORGANIZATION'S NAMERUSERT Homes, LLC	Change - provide only	one name (6a or 6b)	••••	
6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In 7a. ORGANIZATION'S NAME	formation Change - provide	only <u>one</u> name (7a or 7b) (use exact, full na	ame; do not omit, modify, or abbreviate any part o	f the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME		· · · · · · · · · · · · · · · · · · ·		<del></del>
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	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
Indicate collateral:	, rest conditional	L	(20 / / / 2 00 / 0 / 0 0 0 / 0 / 0 / 0 /	tooron condicional
· · · · · · · · · · · · · · · · · · ·		· _		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THE			name of Assignor, if this is an Assignme	:nt)
If this is an Amendment authorized by a DEBTOR, check here and pro-	vide name of authorizi	ng Debtor		
OCIVISI II SU DAIIK				
9b. INDIVIDUAL'S SURNAME	FIRST PERSON	VAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: 13519-13524	<u> </u>		<u></u>	111650269

Wilmington, DE 19808