| 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) 111650206 - 347950 Prepared By: Corporation Service Company 801 Adiai Stevenson Drive Springfield, IL 62703-4261 1a. INITIAL FINANCING STATEMENT FILE NUMBER #20110708000198750 7/8/2011 1b. This FINANCING STATEMENT FILE NUMBER #20110708000198750 7/8/2011 1c. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement 3. ASSIGNMENT (full or partial): Provide name of Assignee in Item 7a or 7b, and address of Assignee in Item 7c and name of Assigner in Item 9 For partial assignment, complete items 7 and 9 and sits indicate affected collateral in Item 8 4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is Continued for the additional period provided by applicable law 5. PARTY INFORMATION CHANGE: Check one of these two boxes AND Check one of these two boxes AND Check one of these two boxes AND Check one of these two boxes | | | | | | |
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| A NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com C. SEND ACKNOWLEDGMENT TO. (Name and Address) Filed In: Alabama Springfield, IL 62703-4281 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INITIAL FINANCING STATEMENT FILE NUMBER #20110708000198750 7/8/2011 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INITIAL FINANCING STATEMENT FILE NUMBER #20110708000198750 7/8/2011 2 TREMINATION. Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement. Complete litems 7 and 9 and ship interest in them 7 and 9 and ship interest in them 8 CONDITION FOR MATION. Effectiveness of the Financing Statement identified above in terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement is continued for the additional period provided by applicable law CONDITION FOR MATION Confidences of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law Conditional Provide rame of Assignee in item 7 and 9 and ship interest in them 8 Continued for the additional period provided by applicable law Continued for the additional period provided by applicable law Continued for the additional period provided by applicable law Continued for the additional period provided by applicable law Continued for the additional period provided by applicable law Continued for the additional period provided by applicable law Continued for the additional period provided by applicable law Continued for the additional period provided by applicable law First PERSONAL NAME ADD Date of the continued for the additional period provided in them the order to the additional period provided by applicable law Continued for the additional period provided | | | | | | |
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| B. E-MAIL CONTACT AT FILER (optional) SPRFIfling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) [11660206 - 347950 | A. NAME & PHONE OF CONTACT AT FILER (optional) | • | Shelby Cnty | Judge of Probate, AL | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) Title50206 - 347950 | B. E-MAIL CONTACT AT FILER (optional) | | | | | |
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| Statement 3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in Item 8 4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law 5. PARTY INFORMATION CHANGE: Check ging of these two boxes: Check ging of these two boxes to: Change affects Debtor of Secured Party of record litem 6a or 6b and item 7a or 7b and item 7c. 6. CURRENT RECORD INFORMATION: Complete for Party information Change - provide only ging name (6a or 6b) 6a. ORGANIZATION'S NAME Sierra Building Company, LLC OR 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME | #20110708000198750 7/8/2011 | | (or recorded) in the REAL | ESTATE RECORDS | | |
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| INDIVIDUAL'S FIRST PERSONAL NAME | | | | | · | |
| | OR 7b. INDIVIDUAL'S SURNAME | | | | | |
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| | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | · · · · · · · · · · · · · · · · · · · | SUFFIX | |
| 7c. MAILING ADDRESS COUNTRY | 7c. MAILING ADDRESS | CITY | | STATE POSTAL CODE | COUNTRY | |
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| 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral | 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD c | collateral [| DELETE collateral | RESTATE covered collateral | ASSIGN collateral | |
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| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) | | | | name of Assignor, if this is an Assignm | nent) | |
| If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAMEServisFirst Bank | | me of authorizin | g Debtor | | | |

FIRST PERSONAL NAME

111650206

SUFFIX

9b. INDIVIDUAL'S SURNAME

10. OPTIONAL FILER REFERENCE DATA: 13504

ADDITIONAL NAME(S)/INITIAL(S)