Corporation Sandas Company 1 000 0			!	
	358-5294			
E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com				
SEND ACKNOWLEDGMENT TO: (Name and Address))			
113071100 - 347950		2016031	7000086090 1/1 \$.00	
Corporation Service Company			Cnty Judge of Proba 016 12:15:43 PM FIL	
801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Alabama			
	(Shelby)	THE ABOVE COAC		HCE ONLY
INITIAL FINANCING STATEMENT FILE NUMBER		1b. 7 This FINANCING STATEM	E IS FOR FILING OFFICE ENT AMENDMENT is to be file	
0110929000288950 09/29/2011		Filer. <u>attach</u> Amendment Adde	ndum (Form UCC3Ad) <u>and</u> provid	e Debtor's name in item
TERMINATION: Effectiveness of the Financing Statement Statement	nt identified above is terminated v	with respect to the security interest	(s) of Secured Party authorizing	ng this Termination
ASSIGNMENT (full or partial): Provide name of Assigned For partial assignment, complete items 7 and 9 and also in			Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statem continued for the additional period provided by applicable I		t to the security interest(s) of Secu	ed Party authorizing this Cont	tinuation Statement is
PARTY INFORMATION CHANGE:			 • • • • • • • • • • • • • • • • • 	
Check one of these two boxes:	AND Check one of these three b	oxes to: address: Complete ADD name	: Complete itemDELETE r	name: Give record na
This Change affects Debtor or Secured Party of record CURRENT RECORD INFORMATION: Complete for Party	CHANGE name and/or a item 6a or 6b; and item		nd item 7c to be dele	ted in item 6a or 6b
6a. ORGANIZATION'S NAMELV PROPERTIES, LL		<u>910</u> Hame (60 61 60)		
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIONAL NAME(S)/INITIAL	(S) SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment of the C	nent or Party Information Change - provide	only <u>one</u> name (7a or 7b) (use exact, full nam	e; do not omit, modify, or apbreviate an	y part of the Debtor's name
7b. INDIVIDUAL'S SURNAME			·	
7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME				
				SUFFIX
INDIVIDUAL'S FIRST PERSONAL NAME	CITY		STATE POSTAL CODE	SUFFIX

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