UCC FINANCING STATEMENT AM FOLLOW INSTRUCTIONS	ENDMENT				
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 Addre	ss)		<b>                                    </b>		
113151208 - 347950					
t Corporation Service Company		Shelb	y Cntv	Judgo - 5 D	
801 Adlai Stevenson Drive	Filed In: Alabama		/2016 1	1:46:35 AM FILED	, AL (CERT
Springfield, IL 62703	(Shelby)				
		<u> </u>		R FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20100312000073260 03/12/2010		1b. This FINANCING STATEM (or recorded) in the REAL Filer: attach Amendment Add		COONDO	
2. TERMINATION: Effectiveness of the Financing States Statement	ment identified above is terminate				·
3. ASSIGNMENT (full or partial): Provide name of Assignment	nee in item 7a or 7b, <u>and</u> address	s of Assignee in item 7c <u>and</u> name o	f Assignor	in item 9	
For partial assignment, complete items 7 and 9 and also	· · · · · · · · · · · · · · · · · · ·		used Docty	outhorizing this Continuat	ion Statement is
4. CONTINUATION: Effectiveness of the Financing Stacontinued for the additional period provided by applicab		ect to the security interest(s) of Sect	ured Party	authorizing this Continuat	ion Statement is
5. PARTY INFORMATION CHANGE:				•	
Check one of these two boxes:	AND Check one of these three CHANGE name and/o	e boxes to: or address: Complete om 7a or 7b <u>and</u> item 7c7a or 7b,	ne: Comple	te itemDELETE name:	Give record nam
This Change affects Debtor or Secured Party of records. CURRENT RECORD INFORMATION: Complete for Pa			and Rem 7	to be deleted in	item oa or ob
6a. ORGANIZATION'S NAME Canaan Systems, I	· · · · · · · · · · · · · · · · · · ·	<u> </u>		· · · · · · · · · · · · · · · · · · ·	· ·
OR 6b. INDIVIDUAL'S SURNAME	TEIDST DERG	SONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
OD. INDIVIDUAL S SURINAINE					
7. CHANGED OR ADDED INFORMATION: Complete for Ass 7a. ORGANIZATION'S NAME	ignment or Party Information Change - prov	ide only <u>one</u> name (7a or 7b) (use exact, full na	me, do not or	nit, modify, or abbreviate any part	of the Debtor's name
OR 7b. INDIVIDUAL'S SURNAME		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
INDIVIDUAL'S FIRST PERSONAL NAME		<u> </u>		· · · · ·	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	<u> </u>			<u> </u>	SUFFIX
7c. MAILING ADDRESS	CITY		TSTATE	TPOSTAL CODE	COUNTRY
70. WAREING ABBINESS					
					A COLONI A
8. COLLATERAL CHANGE: Also check one of these fo Indicate collateral:	our boxes: ADD collateral	DELETE collateral	RESTATE	overed collateral	ASSIGN COII
	our boxes: ADD collateral	DELETE collateral F	RESTATE	overed collateral	ASSIGN COllate
	our boxes: ADD collateral	DELETE collateral F	RESTATE	overed collateral	ASSIGN COllate
	our boxes: ADD collateral	DELETE collateral F	RESTATE	overed collateral	ASSIGN COLLARS
Indicate collateral:  9. NAME OF SECURED PARTY OF RECORD AUTH	IORIZING THIS AMENDMENT				
9. NAME OF SECURED PARTY OF RECORD AUTH If this is an Amendment authorized by a DEBTOR, check he	IORIZING THIS AMENDMENT	T: Provide only <u>one</u> name (9a or 9b) (r			
Indicate collateral:  9. NAME OF SECURED PARTY OF RECORD AUTH	IORIZING THIS AMENDMENT	T: Provide only <u>one</u> name (9a or 9b) (r			ent)

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