UCC FINANCING STATEMENT AMENT FOLLOW INSTRUCTIONS	IDMENT	Shelby (9000006440 1/1 \$.00 Onty Judge of Probate, 6 017 10:50:49 AM FILED/CE	AL ERT
A. NAME & PHONE OF CONTACT AT FILER (optional) UCC Manager (800) 837-9700				
B. E-MAIL CONTACT AT FILER (optional)	······································			
C. SEND ACKNOWLEDGMENT TO: (Name and Address) CASTLE CREDIT 8430 W BRYN MAWR AVE STE 750 CHICAGO IL 60631				
<u></u>		THE ABOVE SPA	CE IS FOR FILING OFFICE USI	E ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER UCC1-20120416000130320 4/16/2012	Shalby AT		MENT AMENDMENT is to be filed (fo	
 TERMINATION: Effectiveness of the Financing Statement Statement ASSIGNMENT (full or partial): Provide name of Assignee For partial assignment, complete items 7 and 9 and also indicated. CONTINUATION: Effectiveness of the Financing Statement and Statement an	in item 7a or 7b, <u>and</u> address ocate affected collateral in item into identified above with respec	f Assignee in item 7c <u>and</u> name c	of Assignor in item 9	
continued for the additional period provided by applicable law 5. PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party of record	ND Check <u>one</u> of these three to the change name and/or item 6a or 6b; and item	address: CompleteADD nac		e: Give record name n Item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Info	formation Change - provide only	one name (6a or 6b)		
6b. INDIVIDUAL'S SURNAME Wigginton / Wigginton	FIRST PERSO William	AL NAME / Rebecca	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment 7a. ORGANIZATION'S NAME	nt or Party Information Change - provide	only <u>one</u> name (7a or 7b) (use exact, full na	me; do not omit, modify, or abbreviate any par	t of the Debtor's name)
OR 76. INDIVIDUAL'S SURNAME	· · · ·			
INDIVIDUAL'S FIRST PERSONAL NAME		· ·	<u></u>	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		<u></u>		SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY

9. I	NAME OF SECURED PARTY OF RECORD A fithis is an Amendment authorized by a DEBTOR, chec	UTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b)	(name of Assignor, if this is an Assignmen	nt)
	9a. ORGANIZATION'S NAME			
	Castle Credit			
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

___ DELETE collateral

ADD collateral

10. OPTIONAL FILER REFERENCE DATA:

8. COLLATERAL CHANGE: Also check one of these four boxes:

Contract ID: 132771T

Indicate collateral:

rc

RESTATE covered collateral

ASSIGN collateral