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) 1363 24831 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Alal (Sh	oama nelby)
1a. INITIAL FINANCING STATEMENT FILE NUMBER	1

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THE ABOVE SPACE IS FOR FILING OFFICE U	SE ONL'
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1a. INITIAL FINANCING STATEMENT FILE NUMBER 2007081000037660 08/10/2007	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item						
2. TERMINATION: Effectiveness of the Financing Statement identi	fied above is	terminated	<u> </u>		,	·	
3. ASSIGNMENT (full or partial): Provide name of Assignee in item For partial assignment, complete items 7 and 9 and also indicate a				name of	f Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law	ntified above	with respe	ct to the security interest(s) of Secu	ired Party	authorizing this Continuat	ion Statement is
This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information	ion Change -	name and/or 6b; <u>and</u> item provide only	r address: Complete n 7a or 7b <u>and</u> item 7c	ADD nam 7a or 7b,	e: Comple <u>and</u> item 7	te itemDELETE name: to be deleted in	
6a. ORGANIZATION'S NAMESHELBY WEST INDUSTR	RIAL ENT	ΓERPR	ISES LLC				
6b. INDIVIDUAL'S SURNAME	FIR	FIRST PERSONAL NAME			ADDITIONAL NAME(\$)/INITIAL(\$)		SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	rty Information Cr	nange - provid	e only <u>one</u> name (7a or 7b) (use ex	act, full na	me; do not on	nit, modify, or abbreviate any part	SUFFIX
7c. MAILING ADDRESS	CIT	ΓΥ			STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	Officia Judge County Shelby 09/18/2 \$.00 D	ınd Recor I Public I	Records Fuhrmeister, Probate Ju AL 5:05 PM		ESTATE c	overed collateral	ASSIGN collateral
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and 9a. ORGANIZATION'S NAMECOLFIN NW FUNDING LI	provide name		•	or 9b) (n	ame of Ass	signor, if this is an Assignm	ent)
OR 9b. INDIVIDUAL'S SURNAME	_	RST PERSC	NAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA:030300021/mls/sf Debtor:SHELBY WEST INDUSTRIAL ENTERPRISES LLC

1363 24831