

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS	1				
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)  CSC 1-800-858-5294					
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
	Alabama				
Springfield, IL 62703	(Shelby)				
SEE BELOW FOR SECURED PARTY CONTACT INFORMATIO				R FILING OFFICE US	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20241009000317680 10/09/2024		b. This FINANCING STATE (or recorded) in the REA (Form UCC3Ad) <u>and</u> pro			ecord] ndment Addendum
2. TERMINATION: Effectiveness of the Financing Statement identified above is term	minated with respe	ct to the security interest(s) of S	Secured Part()	/)(ies) authorizing this Term	nination Statement
3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and address of Assignee For partial assignment, complete items 7 and 9; check ASSIGN Collateral box in Items 7.	gnee in item 7c <u>ar</u> em 8 and describe	d name of Assignor in item 9 the affected collateral in item 8			
4. CONTINUATION: Effectiveness of the Financing Statement identified above with additional period provided by applicable law	h respect to the se	curity interest(s) of Secured Pa	rty authorizing	this Continuation Stateme	nt is continued for the
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes:			ame: Comple	ste item — DELETE nom	o: Civo record name
		or 7b <u>and</u> item 7c7a or `	7b, <u>and</u> item 7	ete item DELETE nam c to be deleted	in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Change -  6a. ORGANIZATION'S NAME	provide only <u>one</u>	name (6a or 6b)			
	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	HALEY				
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change Organization's NAME	hange - provide only <u>o</u>	ne name (7a or 7b) (use exact, full nam	e; do not omit, mo	odify, or abbreviate any part of the	Debtor's name)
7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Check only one box: ADD of	collateral	DELETE collateral	TRESTATE O	overed collateral	ASSIGN* collateral
	IGN COLLATERAL onl	y if the assignee's power to amend the	record is limited t	certain collateral and describe t	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEN			ame of Assigno	or, if this is an Assignment)	
If this is an Amendment authorized by a DEBTOR, check here and provide name			_	·	
9a. ORGANIZATION'S NAME Lafayette Federal Credit Union					
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
i e e e e e e e e e e e e e e e e e e e					

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

2. IN	AME OF PARTY AUTHORIZING THIS AMENDMENT: Same a						
	2a. ORGANIZATION'S NAME  Lafayette Federal Credit Union						
}	-alayotto i caciai orcait ornon						
R   1	2b. INDIVIDUAL'S SURNAME						
	FIRST PERSONAL NAME						
	ADDITIONAL NAME(S)/INITIAL(S)	SU	FFIX	THE ABOV	E SPACE IS FOR F	II ING OFFICE I	ISE ONI V
3. N	ame of DEBTOR on related financing statement (Name of a cu	urrent Debtor of record required	for indexing p				
_	one Debtor name (13a or 13b) (use exact, full name; do not omit, modify	y, or abbreviate any part of the [	ebtor's name	e); see Instructions if	name does not fit		
	ISA. ORGANIZATION S NAME						
	13b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME		ADDITIONAL NAME	E(S)/INITIAL(S)	SUFFIX
	DOBBS	JOSEPH					
	nis FINANCING STATEMENT AMENDMENT:				DR, HELENA		

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

ABOVE SPACE IS FOR FILING OFFICE USE ONLY  y in some filing offices - see Instruction item 13): Provide only ictions if name does not fit  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX
y in some filing offices - see Instruction item 13): Provide only actions if name does not fit  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX
y in some filing offices - see Instruction item 13): Provide only actions if name does not fit  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX
y in some filing offices - see Instruction item 13): Provide only actions if name does not fit  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX
y in some filing offices - see Instruction item 13): Provide only actions if name does not fit  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX
y in some filing offices - see Instruction item 13): Provide only actions if name does not fit  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX
y in some filing offices - see Instruction item 13): Provide only actions if name does not fit  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX
y in some filing offices - see Instruction item 13): Provide only actions if name does not fit  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX
y in some filing offices - see Instruction item 13): Provide only actions if name does not fit  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX
ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
RMATION (Please Describe)
a, County  ale: 5. Beyl
ND DESCRIBED IN DOCUMENT 750 DATED 10/22/2014 AND 0/24/2014. wnship: HELENA 2-002-007-000