| LLOW INSTRUCTION NAME & PHONE OF C   | S (front and back) C<br>CONTACT AT FILER             | [optional]   |                               |                                 |                |  |                 |  |
|--|--|--|-------------------------------|---------------------------------|----------------|--|-----------------|--|
| SEND ACKNOWLED   |  |  |                               |                                 |                |  |                 |  |
|  | ederal Credit I<br>Oak Blyd., Suite                  |  | l                             |                                 |                |  |                 |  |
| Houston, T   | X 77056  |  |                               |                                 |                |  |                 |  |
| ı  |  |  |                               |                                 |                |  |                 |  |
| INITIAL FINANCING STA  | TCA/CAUT EU E H                                      |  |                               | THE ABOVE S                     |                | R FILING OFFICE USE                                    |                 |  |
| 20030085792  | 0, Filing Dat  |  |                               |                                 | ☐ to b         | e filed [for record] (or record)<br>AL ESTATE RECORDS. | rded) in the    |  |
| TERMINATION: E   | fectiveness of the Finar                             | ncing Statement identified above i                         | s terminated with respec      | t to security interest(s) of th | e Secured Pa   | ty authorizing this Terminat                           | ion Statement   |  |
|  | Effectiveness of the Fir<br>tional period provided t | nancing Statement identified abo<br>by applicable law.     | we with respect to secui      | ity interest(s) of the Securi   | ed Party autho | rizing this Continuation St                            | atement is      |  |
| ASSIGNMENT (full   | or partial): Give name                               | of assignee in item 7a or 7b and                           | address of assignee in its    | em 7c; and also give name       | of assignor in | item 9.  |                 |  |
| ,  |  |  | _ ∟                           | arty of record. Check only      | one of these   | wo boxes.  | •               |  |
| Also check gng of the following three boxes and provide appropriate information in CHANGE name and/or address: Please refer to the detailed instructions |  |  | DELETE name: Give record name |                                 | ☐ ADDr         | ADD name: Complete item 7a or 7b, and also item        |                 |  |
| in regards to changing to<br>CURRENT RECORD IN   | he name/address of a pa<br>IFORMATION:               | rty.   | to be deleted in its          | em 6a or 6b.                    | alsoc          | omplete items 7e-7g (if applic                         | able).          |  |
| 6a ORGANIZATION'S  | NAME   |  |                               |                                 |                |  |                 |  |
| R 65 INDIVIDUAL'S LAST NAME  |  |  | FIRST NAME                    |                                 | MIDDLE         | MIDDLE NAME SUF  |                 |  |
| OB INDIVIDUAL'S LAST NAME  |  |  | ( 11.5 11.4 11.1              |                                 |                |  |                 |  |
| CHANGED (NEW) OR   | ADDED INFORMATIC                                     | iN:  |                               |                                 |                |  |                 |  |
| 7a. ORGANIZATION'S   | VAME   |  |                               |                                 |                |  |                 |  |
| 75. INDIVIDUAL'S LAST NAME   |  | FIRST NAME   |                               |                                 |                | SUFFIX   |                 |  |
|  |  |  |                               |                                 |                |  |                 |  |
| MAILING ADDRESS  |  |  | CITY                          |                                 | STATE          | POSTAL CODE  | COUNT           |  |
| SEEINSTRUCTIONS  |  | 7e. TYPE OF ORGANIZATION                                   | 7f. JURISDICTION C            | FORGANIZATION                   | 7g. ORG        | ANIZATIONAL ID#, if any                                |                 |  |
|  | ORGANIZATION '                                       |  |                               |                                 | Г              |  |                 |  |
| AMENDMENT (COLL  |  |  |                               |                                 |                |  | 4.              |  |
| Describe collaterald   | steted or added, o                                   | or give entire restated collater                           | ral description, or descr     | ibe collateralassigner          | d.             |  |                 |  |
|  |  |  |                               |                                 |                |  |                 |  |
|  |  |  |                               |                                 |                |  |                 |  |
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|  |  | ·  |                               |                                 |                |  |                 |  |
|  |  | RD AUTHORIZING THIS AM if this is a Termination authorized |                               |                                 |                | s an Amendment authorized<br>nizing this Amendment.    | l by a Debtor v |  |
| adds collateral or adds the  | e authorizing Debtor, or<br>NAME                     | if this is a Termination authorized                        |                               |                                 |                |  | by a Debtor v   |  |
| adds collateral or adds the  | e authorizing Debtor, or<br>NAME                     | if this is a Termination authorized                        |                               |                                 |                | rizing this Amendment.                                 | l by a Debtor v |  |