LICO ENIANOINO OTATEMENT AMENDMEN	ıŦ			
UCC FINANCING STATEMENT AMENDMEN FOLLOWINSTRUCTIONS	11			
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)  83641348 - 372200 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703  Filed In: Rh				
B. E-MAIL CONTACT AT FILER (optional)	CO	1		
SPRFiling@cscinfo.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address)	Wio.			
83641348 - 372200	`			
Corporation Service Company	I ,			
801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Rh	hada laland			
Springineid, IE 02703	(S.O.S.)			
		THE ABOVE S	SPACE IS FOR FILING OFFICE US	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 200907634960 07/01/2009	1	(or recorded) in the R	ATEMENT AMENDMENT is to be filed [for EAL ESTATE RECORDS t Addendum (Form UCC3Ad) <u>and</u> provide Det	•
2. TERMINATION: Effectiveness of the Financing Statement identified abov Statement	ve is terminated wi	th respect to the security in	terest(s) of Secured Party authorizing th	is Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7th For partial assignment, complete items 7 and 9 and also indicate affected or partial assignment.		Assignee in item 7c <u>and</u> nar	ne of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law	pove with respect t	o the security interest(s) of	Secured Party authorizing this Continua	tion Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes. — — — — — — — — — — — — — — — — — — —	g of these three box IGE name and/or ad		name: Complete item DELETE name	: Give record name
This Change affects Debtor or Secured Party of record item 6s.  6. CURRENT RECORD INFORMATION: Complete for Party Information Change	a or 6b; <u>and</u> item 7a ae - provide only or		7b, and item 7c to be deleted in	item 6a or 6b
6a. ORGANIZATION'S NAMEJ. A. PHANEUF OIL SERVICE,	*	Marie (ca di ob)		
OR 66. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
<ol> <li>CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informatic 17a. ORGANIZATION'S NAME</li> </ol>	ion Change - provide on	y <u>one</u> name (7a or 7b) (use exact, f	ull name; do not omit, modify, 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
	<u> </u>	<u> </u>		
<ol> <li>COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boxes: ADD Indicate collateral:</li> </ol>	collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
	MENDMENT: Pro ame of authorizing		o) (name of Assignor, if this is an Assignm	ent)
9a. ORGANIZATION'S NAMERBS Citizens, N.A.				
DR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	. NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
			<u> </u>	
10. OPTIONAL FILER REFERENCE DATA: Debtor: J. A. PHANEUF	OIL SERVI	CE, INC.		83641348