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	ICC FINANCING STATEMENT AMEN DLLOW INSTRUCTIONS	DMEN	Т				
	. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858	R_5201	_	7			
В	Corporation Service Company 1-800-858  E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com  SEND ACKNOWLEDGMENT TO: (Name and Address)  92124462 - 372200  Corporation Service Company 801 Adlai Stevenson (Marie Springfield, IL 62703)	0 0204 £4	COLL	Y			
C	SPRFIIIng@cscinto.com  SEND ACKNOWLEDGMENT TO: (Name and Address)	CHIL	<u>J.~</u>				
	92124462 - 372200	<b>5</b> ~	$\neg$				
l	Corporation Service Company		•				
	Springfield, IL 62703	Filed In: Rh					
L			(S.O.S.)	THE ABOVE SPA	CE IS FOR FILI	NG OFFICE USE (	ONLY
	. INITIAL FINANCING STATEMENT FILE NUMBER 00502129780 03/21/2005			1b. This FINANCING STATE (or recorded) in the REAL	L ESTATE RECOR	DS .	•
2.	TERMINATION: Effectiveness of the Financing Statement id	dentified abov	e is terminated v	Filer: <u>attach</u> Amendment Ad vith respect to the security intere			<del></del>
3.		item 7a or 7t	o, and address o	f Assignee in item 7c and name	of Assignor in item	9	<del></del>
_	For partial assignment, complete items 7 and 9 and also indicate	ate affected c	ollateral in item (	3			
4.	✓ CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law	t identified ab	ove with respect	to the security interest(s) of Sec	cured Party authori	zing this Continuatio	n Statement is
5.		ID Check one	of these three bo	oxes to:			
_	This Change affects Debtor or Secured Party of record	item 6a	or 6b; <u>and</u> item 7	7a or 7b <u>and</u> itém 7c <u></u> 7a or 7b,	ne: Complete item , <u>and</u> item 7c	DELETE name: 0 to be deleted in it	Give record name em 6a or 6b
6.	CURRENT RECORD INFORMATION: Complete for Party Information Com	rmation Chang TD.	ge - provide only	one name (6a or 6b)			
OR	6b. INDIVIDUAL'S SURNAME		FIRST PERSON	AL NAME	ADDITIONAL NA	ME(S)/INITIAL(S)	SUFFIX
_				- 10 (1000) (0.0			
7.	CHANGED OR ADDED INFORMATION: Complete for Assignment of Transport (Transport of Transport	or Party Information	on Change - provide o	only <u>one</u> name (7a or 7b) (use exact, full na	ame; do not omit, modify	, or abbreviate any part of	the Debtor's name)
OR	7b. INDIVIDUAL'S SURNAME	<del> </del>					
	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
7c.	MAILING ADDRESS		CITY		STATE POSTA	AL CODE	COUNTRY
. ſ	COLLATERAL CHANCE:	🗀 📭		DELETE Delete			
8. <u>L</u>	COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boxes indicate collateral:	s: [_]AUU	collateral	DELETE collateral F	RESTATE covered (	collateral [ A:	SSIGN collateral
	NAME OF CECHIDED BARTY OF BECORD AUTHORITIES	JO TIMO ACC	TAIMS4#A** -			At la talla and a	
		and provide na	ame of authorizin	g Debtor	name of Assignor, if	this is an Assignmen	t)
ł		and provide na	ame of authorizin	g Debtor	name of Assignor, if	this is an Assignmen	1)
	f this is an Amendment authorized by a DEBTOR, check here 🔲 a	and provide na	ame of authorizin	g Debtor S Citizens, N.A.	name of Assignor, if		SUFFIX