UCC FINANCING STATEMENT AMEND	MENT				
FOLLOW INSTRUCTIONS		_			
A. NAME & PHONE OF CONTACT AT FILER (optional) MICHELLE DAVIS 920-237-6584					
B. E-MAIL CONTACT AT FILER (optional)					
michelle.davis1@usbank.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
U.S. Bank NA					
PO Box 3427					
Oshkosh, WI 54902					
1				NO OFFICE US	SE ONLY
		THE ABOVE SPA		R FILING OFFICE US	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201414090740		(or recorded) in the REAL Filer, attach Amendment Ad	ESTATE F	RECORDS	
2. TERMINATION: Effectiveness of the Financing Statement identifications and the Statement	entified above is terminated v	with respect to the security intere	st(s) of Sec	cured Party authorizing	this Termination
ASSIGNMENT (full or partial): Provide name of Assignee in I For partial assignment, complete items 7 and 9 and also indicate.	tem 7a or 7b, <u>and</u> address o	f Assignee in item 7c <u>and</u> name i	of Assignor	in item 9	
4 CONTINUATION: Effectiveness of the Financing Statement			ured Party	authorizing this Continu	ration Statement is
continued for the additional period provided by applicable law					
5. PARTY INFORMATION CHANGE: ANI	O Check one of these three b	oxes to:			
Check one of these two boxes:  This Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a or 6b; and item	address: Complete ADD nai	me: Comple , <u>and</u> item 7		ne: Give record name I in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information					
6a. ORGANIZATION'S NAME					
CDA MARINE LLC			FADDITIO	NAL NAME(S)/INITIAL(S	SUFFIX
GO. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIO	Tarie to an E(O) in a to lead	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment of	r Party Information Change - provide	only <u>one</u> name (7a or 7b) (use exact, full n	ame; do not o	nit, modify, or abbreviate any p	art of the Debtor's name)
7a. ORGANIZATION'S NAME					
OR 75. INDIVIDUAL'S SURNAME					
7D. HADIAIDENES SOLIMANIAE					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	<del></del>	<u>.</u>		<u></u>	SUFFIX
			TSTATE	IPOSTAL CODE	COUNTRY
7c. MAILING ADDRESS	CITY		SIAIL	FOSTAL GODE	333
	A DD colletered	DELETE collateral	RESTATE	covered collateral	ASSIGN collateral
8. COLLATERAL CHANGE: Also check one of these four boxes	S: ADD collaterat	DECENE CONSTRAINT (F)	NEO INTE	Exterior solutions	
Indicate collateral:					
MERCURY 1B982724					
<b>MERCURY 2B023087</b>					
DECORP AUTHORITIE	UO TURO AMENDMENT:	Drouide only one name (Ga or 9h)	/name of A	ssignor if this is an Assig	nment)
NAME OF SECURED PARTY OF RECORD AUTHORIZING     If this is an Amendment authorized by a DEBTOR, check here	and provide name of authoriz	ing Debtor	(name arra		
9a. ORGANIZATION'S NAME	<del>-</del>				
U.S. Bank NA	FIRST PERSO	NAI NAME	ADDITIO	NAL NAME(S)/INITIAL(	S) SUFFIX
OR 96. INDIVIDUAL'S SURNAME	ILIKOI LEKOO	INCHEST OF THE STATE OF THE STA	1	,_,,	-
			1		
10. OPTIONAL FILER REFERENCE DATA:		<u> </u>			