
UCC FINANCING STATEMENT AMENDMEN	IT			
FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)	<u> </u>	1		
Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 107543535 - 372200 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Rh	THE TOTAL STREET			
SPRFiling@cscinfo.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	_			
Corporation Service Company	l			
801 Adlai Stevenson Drive	hada laland			
Spiritghood, it 52705	(S.O.S.)			
1a. INITIAL FINANCING STATEMENT FILE NUMBER		b. This FINANCING STATEM	CE IS FOR FILING OFFICE USE MENT AMENDMENT is to be filed [for	
200603481660 04/10/2006			lendum (Form UCC3Ad) <u>and</u> provide Debti	
TERMINATION: Effectiveness of the Financing Statement identified above Statement	ve is terminated w	ith respect to the security interes	it(s) of Secured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7/ For partial assignment, complete items 7 and 9 and also indicate affected or partial assignment.			f Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified ab- continued for the additional period provided by applicable law	bove with respect	to the security interest(s) of Secu	ured Party authorizing this Continuati	on Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes.	<u>e</u> of these three bo NGE name and/or a Sa or 6b: and item 7	dress: CompleteADD nam	ie: Complete item DELETE name; and item 7c to be deleted in	Give record name
6. CURRENT RECORD INFORMATION: Complete for Party Information Chan			graph with the last of the second of the	
68. ORGANIZATION'S NAMEABOUT FAMILIES, LLC				
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	tion Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, full na	me, do not omit, modify, or abbreviate any part o	f the Debtor's name)
7a. ORGANIZATION'S NAME				
76 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: Also check one of these four boxes: ADD	t D coilateral	DELETE collateral R	ESTATE covered collateral	ASSIGN collateral
Indicate collateral:				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	MENDMENT: Pr	ovide only one name (9a or 9b) (n	ame of Assignor, if this is an Assignme	ot)
	name of authorizing	Debtor	or mongrout it the to all mongrithe	
on	IUWII AS KB	o unizens, IV.A.		
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: ABOUT FAMIL	IES, LLC			107543535