UCC FINANCING STATEMENT AMENDMENT	Γ				
FOLLOW INSTRUCTIONS		•			
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)  112058087 - 358660  Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703	-OM	1			
112058087 - 358660					
Corporation Service Company					
Springfield, IL 62703 Filed In: Rho	ode Island				
	(\$.O.S.)	THE ABOVE SPACE	CE IS FOR	R FILING OFFICE USE (	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER			IENT AMEI	NDMENT is to be filed [for i	
200603521780 04/20/2006		Filer: <u>attach</u> Amendment Add	endum (For	n UCC3Ad) <u>and</u> provide Debtor	
TERMINATION: Effectiveness of the Financing Statement identified above Statement	e is terminated v	vith respect to the security interes	t(s) of Sec	ured Party authorizing this	remination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b     For partial assignment, complete items 7 and 9 and also indicate affected co			f Assignor i	n item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law	ove with respect	to the security interest(s) of Secu	red Party	authorizing this Continuatio	n Statement is
5. PARTY INFORMATION CHANGE:					<del></del>
Check one of these two boxes:  AND Check one CHANC			e: Complet		Give record name
This Change affects Debtor or Secured Party of record item 6a  6. CURRENT RECORD INFORMATION: Complete for Party Information Change			and item 7c	to be deleted in it	em 6a or 6b
6a. ORGANIZATION'S NAME Mountaincow, LLC	e - provide only	MIN HOLLE (OZ OL CO)			
OR 66 INDIVIDUAL'S SURNAME	FIRST PERSON	IAI NAME	NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
OS. INDIVIDUAL O SOLUTIONE	THO TENOO				
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information [7a, ORGANIZATION'S NAME]	n Change - provide	only <u>one</u> name (7a or 7b) (use exact, full na	me; do not am	it, modify, or abbreviate any part of	the Debtor's name)
78. ORGANIZATIONS NAME					
75. INDIVIDUAL'S SURNAME		" " " " " " " " " " " " " " " " " " "			
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
					USA
	collateral	DELETE collateral R	ESTATE co	overed collateral A	SSIGN collateral
Indicate collateral:					
<ol> <li>NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM If this is an Amendment authorized by a DEBTOR, check here and provide no</li> </ol>	IENDMENT: Fame of authorizing		ame of Ass	ignor, if this is an Assignme	nt)
9a ORGANIZATION'S NAME Santander Bank, N.A. FNA Sove		·			
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:0465 Debtor:Mountaino	cow, LLC				112058087