DLLOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional)		7			
. E-MAIL CONTACT AT FILER (optional)					
SEND ACKNOWLEDGMENT TO: (Name and Addre	ess)				
CT Corporation Nancy Wiford					
4400 Easton Commons Way, Su Columbus, Ohio 43219	ite 125	1			
		THE AROVE SE	PACE IS FOR	FILING OFFICE USE	OMA
INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STAT	EMENT AMEN	DMENT is to be filed [fo	
01515892630 12/15/2015			Addendum (Form	UCC3Ad) <u>and</u> provide Deb	
TERMINATION: Effectiveness of the Financing States Statement	nent identified above is terminated	with respect to the security inte	rest(s) of Secu	red Party authorizing thi	s Terminatio
ASSIGNMENT (full or partial): Provide name of Assig For partial assignment, complete items 7 and 9 and elso			e of Assignor in	item 9	
CONTINUATION: Effectiveness of the Financing Sta			ecured Party as	thorizing this Continue	ion Stateme
continued for the additional period provided by applicable	e law				
PARTY INFORMATION CHANGE:					
heck <u>one</u> of these two boxes:	AND Check one of these three		eme: Complete	itom DELETE	
his Change affects Debtor or Secured Party of record	CHANGE name and/or	Aggrega: Combiggie Livering	ann. Compion		Give record
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