OLLOW INSTRUCTIONS  A. NAME & PHONE OF CONTACT AT FILER (optional)	· · · · · · · · · · · · · · · · · · ·	1			
E-MAIL CONTACT AT FILER (optional)					
SEND ACKNOWLEDGMENT TO: (Name and Address)					
CT Corporation Nancy Wiford	1				
4400 Easton Commons Way, Suite 125					
Columbus, Ohio 43219					
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INITIAL FINANCING STATEMENT FILE NUMBER		*		R FILING OFFICE (	
01312392090 04/15/2013		(or recorded) in the	e REAL ESTATE I		•
TERMINATION: Effectiveness of the Financing Statement identified	l above is terminated w				
Statement		· · · · · · · · · · · · · · · · · · ·			
ASSIGNMENT (full or partial): Provide name of Assignee in item 7s For pertial assignment, complete items 7 and 9 and also indicate affect	e or 7b, <u>and</u> address of cted collateral in item 8	Assignee in item 7c and	name of Assignor	in item 9	
CONTINUATION: Effectiveness of the Financing Statement identifi			of Secured Party	sulhorizing this Conti	nustina Statem
continued for the additional period provided by applicable law		,,,			
PARTY INFORMATION CHANGE:	<del></del>				
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