_		
	-	=
	=	
Ē		
Ξ		
Ξ		

UCC FINANCING STATEMENT AMEN	IDMENT					
A NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141]			
B. E-MAIL CONTACT AT FILFR (optional) CLS-CTLS Glendale Customer Service@wolter	sklinver com		1			
C SEND ACKNOWLEDGMENT TO: (Name and Address)	16530 - HANN	/II BANK -	1			
Lien Solutions P.O. Box 29071	61971	203				
Glendale, CA 91209-9071	RIRI					
51- 170- 0	DI.		TUE ABOVE COA	OF 10 F	00 Fil blo occioc un	5 0M V
File with: Secretary of State, 1a. INITIAL FINANCING STATEMENT FILE NUMBER 200806307640 5/21/2008 SS RI	кі		^	MENT AN	OR FILING OFFICE US ENDMENT is to be filed (for RECORDS	
TERMINATION Effectiveness of the Financing Statement κ	dentified above is	terminated with	Éfer <u>attach</u> Amendment Adi	derdum (Fo	m LCC3Ad) <u>and</u> provide Debit	
Statement 3. ASSICNMENT (full or partial) Provide name of Assignee in	item 7a or 7b, ar	nd address of As	signee in item 7c and name of A	ssignor in	rtem 9	
For partial assignment, complete items 7 and 9 and also inc	dicate affected co	slateral in item 8		-		
CONTINUATION. Effectiveness of the Financing Statement continued for the additional period provided by applicable lateral continued for the additional period provided by applicable lateral continued for the additional period provided by applicable lateral continued for the additional period provided by applicable lateral continued for the additional period provided by applicable lateral continued for the additional period provided by applicable lateral continued for the additional period provided by applicable lateral continued for the additional period provided by applicable lateral continued for the additional period provided by applicable lateral continued for the additional period provided by applicable lateral continued for the additional period provided by applicable lateral continued for the additional period provided by applicable lateral continued for the additional period provided by applicable lateral continued for the additional period provided by applicable lateral continued for the additional period provided by applicable lateral continued for the additional period provided by applicable lateral continued for the additional period per	w	with respect to ti	ne security interest(s) or Secured	Pany au:	nonzing this Continuation S	uatement is
5. PARTY INFORMATION CHANGE Check one of these two boxes	AND Check one o			CI	DELETE	C
This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Inform	tem 6a	or 6b <u>and</u> tem 7.	a or 7b <u>and</u> item 7c [] 7a or 7b,	ne Comple and item ?	to be deleted in	Give record name item 6a or 6b
60 ORGANIZATION'S NAME SJR CORPORATION	instituti Change -	p orac omy grig	Hame (oa or oo)			
OR 66 INDIVIDUAL'S SURNAME		FIRST PERSONA	L NAME	ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or	Party Information Cha	nge - provide only <u>o</u>	ge, name (7a or 7b). (use exect, full name,	, do not omit,	modify, or abbreviate any part of th	Debtor's name)
7a ORGANIZATION'S NAME			···			
OR 75 INDIVIDUAL'S SURNAME .						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(SYMITIAL (S)						SUFFIX
7c MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
						<u> </u>
COLLATERAL CHANGE: Also check one of these four the indicate collateral.	boxes ∐ADD	collateral [DELETE collateral [] F	RESTATE	covered collateral	ASSIGN collateral
A MANS A SECURED DANTA - DECORD MITHOUS						
NAME OF SECURED PARTY OF RECORD AUTHORIZ If this is an Amendment authorized by a DEBTOR, check here Top A ORGANIZATION'S NAME				ame of As:	signor, it this is an Assignme	mt)
UNITED CENTRAL BANK						
OR 96 INDIVIDUAL'S SURFAME		FIRST PERSONA	LNAME	CITICOA	NAL NAME(SYINITIAL(S)	SUFFIX
10 OPTIONAL FILER REFERENCE DATA. Debtor Name, SJ						

RI SOS Filing Number: 201718950650 Date: 12/19/2017 3:18:00 PM

Cont

	STATEMENT FILE NUMBER. Same as item 1a c	n Amendment form		
	5/21/2008 SS RI			
NAME OF PARTY A	AUTHORIZING THIS AMENDMENT, Same as iten	n 9 on Amendment form		
1	NTRAL BANK			
R 126 INDIVIDUAL'S S	SURNAME			
FIRST PERSON	.AL NAME			
A JANOITICGA	AME (SYINITIAL(S)	SUFFIX	HE ABOVE SPACE IS FOR FILING OFFICE US	E ONLY
	on related financing statement (Name of a current l 13a or 13b) (use exact, full name; do not omit, mod			13): Provide
13a ORGANIZATION	rs name	iny, or address any part of the decidis ham	e), see insesciions ii name does noch	
136 INDIVIDUAL'S S		FIRST PERSONAL NAME	ADDITIONAL NAME(SYNITIAL(S)	SUFFIX
ebtor Name and A IR CORPORATION Ocured Party Name	ON - 149 BURBANK STREET , CRANSTO ne and Address:		<u></u>	<u> </u>
ebtor Name and A IR CORPORATION Ocured Party Name	Address: DN - 149 BURBANK STREET , CRANSTO			
ebtor Name and AIR CORPORATION COURSE PARTY NAMINITED CENTRAL This FINANCING S	Address: DN - 149 BURBANK STREET , CRANSTO ne and Address:	ARLAND, TX 75042	al estate	

File with Secretary of State, RI Cont. Cont.

UNITED CENTRAL BANK

18. MISCELLANEOUS 61971203-RHO 16530 - HANMI BANK NOTE DE