RECEIVED SECRETARY OF STATE UNIFORM CODE DIV.

UCC FINANCING STATEMENT AMENDMENT

COUNTRY POSTAL CODE **STATE** 7c. MAILING ADDRESS Th. INDIVIDUAL'S LAST NAME SUFFIX MIDDLE NAME **BMAN TERIT** 7a. ORGANIZATION'S NAME CHANGED (NEW) OR ADDED INFORMATION: ROBERT HTIMS 0 OR GE. INDIVIDUAL'S LAST NAME MIDDLE NAME **BMAN TRAIT** SUFFIX BAN ORGANIZATION'S NAME 6. СИRRENT RECORD INFORMATION: CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. DELETE name. Give record n ADD name: Complete item 7e or 7b, and also item 7c; also complete item 7e. Give record name Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. 5. AMENDMENT (PARTY INFORMATION): This Amendment atfects Debtor of Secured Party of record. Check only and of these two boxes. 4. [ASSIGNMENT (full of partial): Give name of assignee in stem 7a or 7b and address of assignee in stem 7c; and also give name of assignor in stem 9. continued for the additional period provided by applicable law. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is 2. VTERMINATION: Effectivenees of the Financing Statement identined above is terminationed with respect to security integrate) of the Secured Party authorizing this Termination Statement REAL ESTATE RECORDS. 16383945 FS to be filed (for records) (or recorded) in the 18. INITIAL FINANCING STATEMENT FILE # This FINANCING STATEMENT AMENDMENT is THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY CHARLESTON, IL 61920 10 LINCOLN AVE PERSONAL FINANCE COMPANY UCU106/20/12:02:7294: 0.00 CK00 SOSIL 11:34 181372(B. SEND ACKNOWLEDGMENT TO: (Name and Address) MISTY PEARCY 217-345-2164 A. NAME & PHONE OF CONTACT AT FILER [optional] SOIS TON SO BH #: 30 FOLLOW INSTRUCTIONS (front and back) CAREFULLY

TERMINATED

M. JURISDICTION OF ORGANIZATION

NONE

9. ORGANIZATIONAL ID #, if any

			PD 5/29/2012
			TIER REFERENCE DATA
SUFFIX	MIDDLE NAME	FIRST NAME	PK 9b. INDIVIDUAL'S LAST NAME
			PERSONAL FINANCE COMPANY PERSONAL FINANCE COMPANY
	·		98. ORGANIZATION'S NAME
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here Tane and enter mame of DEBOR authorizing this Amendment.			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which			

Describe colleteral deleted or pive entire restated collateral description, or describe collateral assigned.

ADD'L INFO RE 76. TYPE OF ORGANIZATION

8. AMENDMENT (COLLATERAL CHANGE): check only and box.

7d. SEEINSTRUCTIONS

ROTEBOR