

A. NAME AND PHONE OF CONTACT AT FILER (optional)

Catherine P. Powell (404) 370-0029

2005 000399

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

B. SEND ACKNOWLEDGMENT TO: (Name and Address)					•
	\neg	•			
CATHERINE P. POWELL, ESQUIRE	I				
TATUM LEVINE & POWELL, LLP					
1199 OXFORD ROAD, N.E.					
ATLANTA, GA 30306					
A A					
see attachment	ı				
CM 420054543		THE ABOVE OR	A OF 10 F	OR FILING OFFICE U	e où v
a. INITIAL FINANCING STATEMENT FILE #		I HE ABOVE SP		VANCING STATEMENT A	
96003903		o dender	to be	filed (for record) (or re STATE RECORDS	corded) in the
X TERMINATION: Effectiveness of the Financing Statement identified above is to	erminated with resp	www.man.ana.ana.ana.ana.ana.ana.ana.ana.ana			
CONTINUATION: Effectiveness of the Financing Statement identified above w continued for the additional period provided by applicable law.	vith respect to secu	rity interest(s) of the Secured Part	y authorizing	this Continuation Statement is	
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and add					
. AMENDMENT (PARTY_INFORMATION): This Amendment affects Debtor	_	Party of record. Check only one of	these two box	xes.	
Also check one of the following three boxes and provide appropriate information in item CHANGE name and/or address: Give current record name in item 6a or 6b; also		DELETE name: Give record n	ama 🗖	ADD name: Compfete item 7	a or 7h and also
name (if name change) in item 7a or 7b and/or new address (if address change)		to be deleted in item 6a or 6b.		item 7c; also complete items 7	d-7g (if applicable
, CURRENT RECORD INFORMATION:				<u> </u>	4.
6a. ORGANIZATION NAME					
C.J. APPLE I, INC.					
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	FIRST NAME		MIDDLE NAME	
CHANGED (NEW) OR ADDED INFORMATION:					
7a. ORGANIZATION NAME					
DR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
741 CENTRE VIEW BOULEVARD, STE 100	1	VIEW HILLS	KY	41017	USA
ADD'LINFO RE 7e. TYPE OF ORGANIZATION		TION OF ORGANIZATION		GANIZATIONAL ID #, if an	
ORGANIZATION	71. 301(135)0	TION OF CROANIZATION	/g. Once		NONE
DEBTOR					LI NONE
AMENDMENT (COLLATERAL CHANGE): check only one box					
Describe collateral deleted or added, or give entire restated collateral de	escription, or descri	be collateral Lassigned.			
					:
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEN					Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized b	y a Debtor, check	here 🔲 and enter name of DEI	BTOR author	izing this Amendment.	
9a. ORGANIZATION NAME					
BANK OF AMERICA, N.A. (successor to Natio	onsBank: N	.A.)		,	
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	,	MIDDLE	NAME	SUFFIX
AD HADIAIDOUT S TUST LAWRE	I WOLLANDE		"""		-
ODTIONAL SILED DESCRIPTION					
0. OPTIONAL FILER REFERENCE DATA					
Morrillyilla IN Dia Dalagga					
Merrillville IN Rio Release					<u> </u>

* UCC FINANCING STATEMENT AMENDMENT ADDENDUM

State Form 50182 (5-01) Approved by State Board of Accounts, 2001

FOLLOW INSTRUCTIONS (FRONT A	S (FRONT AND BACK) CAREFULLY.			31. 11.0x 4 × 6 × 7 × 7			
11. INITIAL FINANCING STATE FILE NUM	BER (same as item 1a on	Amendment form)	1 1299	2005 1111 - 4 1111	. !		
96003903 12. NAME OF PARTY AUTHORIZING AME	NDMENT (same as item 9) J J		. S.A.		
Bank of America, N.A. (successor to Nat	ionsBank, N.A.)	•		.,,		
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX					
13. Use this space for additional information			·				
		•		•			
			THE ABOVE SPACE	E IS FOR FILING OFFICE USE	ONU		