OLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]  Phone (800) 331-3282 Fax (818) 662-4141									STATE OF INU LAKE COUN FILED FOR RE		
3. SEND ACKNO	WLEDGEM	ENT TO: (Name and	Mailing Address)	505659 ICIZ	<b>≥0</b> 05	0009	96		2005 NOV 10		
P.O.	Box 29	Services 071 A 91209-9071		691384 ININ FIXTUR	7.1				MICHAEL A. RECORI	BROWN	
	ue à	Stadnert		FIXTOR	_	22	THE ABO		IS FOR FILING OFFICE	ETPO MICEO	
. INITIAL FINANCING STATEMENT FILE # 99003401 11-03-99 CC IN Lake								X to	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.		
. ASSIGN . AMENDMEN Also check of CHANGE	IMENT (fu T (PARTY one of the	litional period provide	name of assigne This Amendmen  exes and provide ent record name in	ee in item 7a or 7 nt affects Det appropriate info item 6a or 6b; also	7b and address otor or Separation in item or give new	of assignee cured Party of rons 6 and/or 7.		give name one of thes	of assignor in item 9 e two boxes.  ADD name: Complete it item 7c; also complete i	em 7a or 7b. and also	
CURRENT R		NFORMATION:									
6a. ORGANIZ Sud City											
Sud City	Car W	ash, Inc.			FIRST NAME			MIDDLE	NAME	SUFFIX	
Sud City 6b. INDIVIDU	Car Wal's LAST	ash, Inc.  NAME  ADDED INFORM	ATION:		FIRST NAME			MIDDLE	NAME	SUFFIX	
Sud City 6b. INDIVIDU. CHANGED (N 7a. ORGANIZ	V Car W	ADDED INFORM	ATION:		FIRST NAME			MIDDLE		SUFFIX	
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Sud City 6b. INDIVIDU. 7a. ORGANIZ 7b. INDIVIDU	CAR WAL'S LAST  NEW) OR  ZATION'S N  HAL'S LAST	ADDED INFORM	ATION:  7e. TYPE OF OF	RGANIZATION	FIRST NAME	ON OF ORGAN	IIZATION	MIDDLE	NAME	SUFFIX	
Sud City 6b. INDIVIDU. 7. CHANGED (N 7a. ORGANIZ OR 7b. INDIVIDU 6. MAILING ADDI 6. SEE INSTRUC	CAT WIND OR ZATION'S NOT CATION OR TO COLLA	ADDED INFORM AME  ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF OF	ne box.	FIRST NAME			MIDDLE STATE 7g. ORG	NAME POSTAL CODE	SUFFIX COUNTRY	
Sud City  R 6b. INDIVIDU.  C. CHANGED (N 7a. ORGANIZ  Th. INDIVIDU  C. MAILING ADDI  C. MAILING ADDI  C. MAENDMEN  Describe colla  NAME OF SE  adds collateral  9a. ORGANIZ	CURED F I or adds th	ADDED INFORM AME  ADD'L INFO RE ORGANIZATION DEBTOR ATERAL CHANGE eleted or adde	7e. TYPE OF	ne box. restated collate	FIRST NAME  CITY  7f. JURISDICTI  eral description,	or describe co	llateral assign	MIDDLE STATE 7g. ORG.	NAME POSTAL CODE	SUFFIX COUNTRY	
Sud City  R 6b. INDIVIDU.  C. CHANGED (N 7a. ORGANIZ  Th. INDIVIDU  C. MAILING ADDI  C. MAILING ADDI  C. MAENDMEN  Describe colla  NAME OF SE  adds collateral  9a. ORGANIZ	CCURED FOR TOTAL STATE OF THE S	ADDED INFORM AME  ADD'L INFO RE ORGANIZATION DEBTOR  ATERAL CHANGE eleted or adde	7e. TYPE OF	ne box. restated collate	FIRST NAME  CITY  7f. JURISDICTI  eral description,	or describe co	llateral assign	MIDDLE STATE 7g. ORG.	POSTAL CODE  ANIZATIONAL ID #, if an in Amendment authorized izing this Amendment.	SUFFIX COUNTRY	

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)

99003401 11-03-99 CC IN Lake

12. NAME of PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

12a. ORGANIZATION'S NAME CITIZENS FINANCIAL SERVICES, FSB

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

13. Use this space for additional information

\_\_ Description: SEE ABOVE DESCRIPTION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY