LAKE COUNTY UCC FINANCING STATEMENT AMENDMENT FILED FOR RECORD FOLLOW INSTRUCTIONS (front and back) CAREFULLY 2007 000017 2007 JAN -9 PM 2: 11 A. NAME & PHONE OF CONTACT AT FILER (optional) S. A. Wileman, (888) 31-ORION MICHAEL A. BROWN B. SEND ACKNOWLEDGEMENT TO: (Name and Address) Orion Financial Group, Inc. 2860 Exchange Blvd. # 100 Southlake, TX 76092 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is 1a. INITIAL FINANCING STATEMENT FILE # 2006 000868 to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. 3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period by applicable law. 4. ASSIGNMENT: (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address; Give current record name in item 6a or 6b; also give new DELETE name; Give record name ADD name: Complete item 7a or 7b, and also Name (if name change) in item 7a or 7b and/or new address (if address change) in item 7a 6. CURRENT RECORD INFORMATION: item 7c; also complete items 7d-7g (if applicable 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX MELENDEZ 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME ISRAEL 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX MELENDEZ 7c. MAILING ADDRESS MELISSA CITY POSTAL CODE COUNTRY 46322 3043 CONDIT ST HIGHLAND USA ADD'L INFO RE 7f. JURISDICTION OF ORGANIZATION 7e. TYPE OF ORGANIZATION 7d. TAX ID #: SSN OR EIN 7g. ORGANIZATION ID #, if any ORGANIZATION DEBTOR NONE 8. AMENDMENT (COLLATERAL CHANGE): check only one box Describe collateral \square deleted or \square added, or give entire \square restated collateral description, or describe collateral \square assigned. HOME IMPROVEMENT INSTALL DRAIN TILE SYSTEM 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 adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment 9a. ORGANIZATION'S NAME OR NATIONWIDE ACCEPTANCE 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

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