



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2007 JUN 11 PM 3:06

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

2007 000417

MICHAEL A. BROWN  
RECORDER

**A. NAME & PHONE OF CONTACT AT FILER (optional)**  
A. R. Tucker, (888) 31-ORION

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**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

1a. INITIAL FINANCING STATEMENT FILE # 2006-001037

1b. This FINANCING STATEMENT AMENDMENT is  
 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 Name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.

**DELETE** name; Give record name to be deleted in item 6a or 6b.

**ADD** name; Complete item 7a or 7b, and also item 7c; also complete items 7d-7e (if applicable).

6. **CURRENT RECORD INFORMATION:**

OR 6a. ORGANIZATION'S NAME

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6b. INDIVIDUAL'S LAST NAME WATKINS	FIRST NAME ARTHUR	MIDDLE NAME	SUFFIX
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7. **CHANGED (NEW) OR ADDED INFORMATION:**

OR 7a. ORGANIZATION'S NAME

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7b. INDIVIDUAL'S LAST NAME WATKINS	FIRST NAME JACQUELINE	MIDDLE NAME	SUFFIX
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7c. MAILING ADDRESS 2153 HAYES ST	CITY GARY	STATE IN	POSTAL CODE 46404	COUNTRY USA
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7d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATION ID #, if any <input type="checkbox"/> NONE
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8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.  
 Describe collateral  deleted or  added, or give entire  restated collateral description, or describe collateral  assigned.

HOME IMPROVEMENT WINDOWS

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.

OR 9a. ORGANIZATION'S NAME  
NATIONWIDE ACCEPTANCE

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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10. **OPTIONAL FILER REFERENCE DATA**  
 \*03127423\* SJR Debtor: ARTHUR WATKINS