



SHAWNYNE GARREN, RECORDER

UCC FINANCING STATEMENT AMENDMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
Amy Cline 800 392 8308 Opt 5

B. E-MAIL CONTACT AT SUBMITTER (optional)
Rebecca.Wheeler@Alorica.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

System & Services Technologies
PO Box 3240
St. Joseph MO 64503

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER
File No. 2016-878072 Date. 03/14/2016

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13.

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party(y)(ies) authorizing this Termination Statement

3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9. For partial assignment, complete items 7 and 9; check ASSIGN Collateral box in Item 8 and describe the affected collateral in item 8

4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. PARTY INFORMATION CHANGE:

Check one of these two boxes: Debtor or Secured Party of record AND Check one of these three boxes to:

CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ADD name: Complete item 7a or 7b, and item 7c DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S SURNAME Brown	FIRST PERSONAL NAME Martha	ADDITIONAL NAME(S)/INITIAL(S) C	SUFFIX
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7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S SURNAME Brown	INDIVIDUAL'S FIRST PERSONAL NAME Raymond	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) A	SUFFIX
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7c. MAILING ADDRESS 3360 Paser Ct	CITY Carson City	STATE NV	POSTAL CODE 89705	COUNTRY USA
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8. COLLATERAL CHANGE: Check only one box: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN* collateral

Indicate collateral: **COMPOSITION ROOF - FIXTURE FILING** *Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8

COMPOSITION ROOF - FIXTURE FILING
THE FOLLOWING PROPERTY IS SITUATED IN CARSON CITY, COUNTY OF DOUGLAS, STATE OF NEVADA
TO WIT: SILVERADO HEIGHTS 02 BLK C LOT 186 SEC 18 T14 R20 INDIAN HILLS TWP
PROPERTY ADDRESS: 3360 PLACER CT, CARSON CITY, NV 89705
PARCEL ID#: 1420-18-113-054

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME
TRUIST BANK

OR

9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA:
30979272

UCC FINANCING STATEMENT AMENDMENT ADDENDUM
FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form
File No. 2016-878072 Date. 03/14/2016

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME TRUIST BANK	
OR	
12b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a. ORGANIZATION'S NAME			
OR			
13b. INDIVIDUAL'S SURNAME BROWN	FIRST PERSONAL NAME MARTHA	ADDITIONAL NAME(S)/INITIAL(S) C	SUFFIX

14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ITEM 8 (Collateral) OR OTHER INFORMATION (Please Describe)

15. This FINANCING STATEMENT AMENDMENT:
 covers timber to be cut covers as-extracted collateral is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):
MARTHA C. BROWN & RAYMOND A. BROWN
3360 PASER CT
CARSON CITY NC 89705

17. Description of real estate:
COMPOSITION ROOF - FIXTURE FILING
THE FOLLOWING PROPERTY IS SITUATED
IN CARSON CITY, COUNTY OF DOUGLAS,
STATE OF NEVADA
TO WIT: SILVERADO HEIGHTS 02 BLK C
LOT 186 SEC 18 T14 R20 INDIAN HILLS
TWP
PROPERTY ADDRESS: 3360 PLACER CT,
CARSON CITY, NV 89705
PARCEL ID#: 1420-18-113-054

18. MISCELLANEOUS:
30979272