Karen Kirspel Fidelity National Title Insurance Company 200 Galleria Parkway, Suite 200 Atlanta, GA 30329 The above space is for filing office use only 1a. INITIAL FINANCING STATEMENT FILE #
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A NAME & PHONE OF CONTACT AT FILER (optional) B. SEND ACKNOWLEDGMENT TO: (Name and Address) Karen Kirspel Fidelity National Title Insurance III, P.C. Company 200 Galleria Parkway, Suite 200 Atlanta, GA 30329 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INITIAL FINANCING STATEMENT FILE # 200111270110 1b. This FINANCING STATEMENT AMENDME to be filed [for record] (or recorded) in the RI ESTATE RECORDS. 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 Termination Statement. 4. ASSIGNMENT ((iii) opanile): 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 Continuation are in Item 8a or 6b; also give new lobe to be deleted in item 8a or 6b. CHARGE name and/or address: Give current record name in Item 8a or 6b; also give new lobe to be deleted in item 8a or 6b. GB. ORGANIZATION'S NAME
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OR 6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:
7a. ORGANIZATION'S NAME
OR 75. INDIVIDUAL'S LAST NAME SUFFIX
76, INDIVIDUAL'S LAST NAME FIRST NAME SUFFIX
7c. MAILING ADDRESS CITY STATE IPOSTAL CODE COUNTRY
7d, TAX ID#: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any
(CREANIZATION)
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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 Column Financial, Inc. OR 96. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 10. OPTIONAL FILER REFERENCE DATA

Skagit Co., Washington

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

200111270110

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

12a. ORGANIZATION'S NAME

Column Financial, Inc.

12h. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

13. Use this space for additional information

Additional Debtor

Mt. Vernon Medical Investors Limited Partnership 3570 Keith Street, N.W. Cleveland, TN 37320

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