

UCC APPROVAL SHEET

**** KEEP WITH DOCUMENT ****

TRANSACTION TYPE **FEES REMITTED**

_____	UO – Original Financing Statement	\$25.00
_____	UOA – Original Financing Statement with assignment	\$25.00
_____	UOTU – Original Financing Statement Transmitting Utility	\$25.00
_____	UMA – Amendment	\$25.00
_____	UMDA – Amendment – Debtor Added	\$25.00
_____	UMDC – Amendment – Debtor Name Change	\$25.00
_____	UMDD – Amendment – Debtor Deleted	\$25.00
_____	UMSA – Amendment – Secured Party Added	\$25.00
_____	UMSC – Amendment – Secured Party Name Change	\$25.00
_____	UMSD – Amendment – Secured Party Deleted	\$25.00
_____	UMC – Amendment – Continuation	\$25.00
_____	UMT – Amendment – Termination	\$25.00
_____	UMZ – Amendment – Assignment	\$25.00
_____	UMZP – Amendment – Partial Assignment	\$25.00
_____	UMCS – Amendment – Correction Statement	\$25.00
_____	UOMH – Manufactured Home – Original Financing Statement	\$25.00
_____	UOPF – Public Finance – Original Financing Statement	\$25.00
_____	Documents Nine (9) Pages or More	\$75.00
_____	Certified Copies	
_____	Plain Copies	
	TOTAL FEES: _____	<i>25</i>

NO FEE TRANSACTION TYPES

- _____ URC – Copies
- _____ UNCP – Void – Non-Payment
- _____ UCC – Cancellation
- _____ UCR – Reinstatement
- _____ UCO – Departmental Action
- _____ UCREF – Refund Recordation Tax
- _____ UCIS – Incorrect ID Number
- _____ XOVRU – UCC Overrides
- _____ UMFC – Filing Office Correction Statement

Method of Payment:

Cash Check Credit Card

Number of Checks

Comments(s):



Affix Tax Label Here
**RECORDED ON 08/05/2013 AT 09:56 AM
 IN THE FINANCING RECORDS OF THE MD. ST.
 DEPARTMENT OF ASSESSMENTS AND TAXATION.
 WO # 0004177362 ACK # 1000362005249166
 ORIGINAL FILE NUMBER: 0000000181405015
 PAGES: 0002**

OTHER CHANGES:

Code _____

Attention: _____

Mail to Address:
**CT LIEN SOLUTIONS
 P O BOX 29071
 GLENDALE CA 91209-9071**

Stamp WORK ORDER AND CLOSURE HERE
CUST ID: 0002960782
WORK ORDER: 0004177362
DATE: 08-06-2013 02:47 PM
AMT. PAID: \$250.00

CUST ID: 0002960782
WORK ORDER: 0004177362
DATE: 08-06-2013 02:47 PM
AMT. PAID: \$250.00

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Phone: (800) 331-3282 Fax: (818) 662-4141

B. E-MAIL CONTACT AT FILER (optional)
CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address) X00442 - DEALER SERVICES CORP

CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	39241633 MDMD
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File with: Dept of Assessments/Taxation, MD

2013 AUG -5 A 9:56

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER
0000000181405015 9/28/2010 SS MD

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 authorizing this Termination Statement
3. ASSIGNMENT (full or partial): 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 and also indicate 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
Dealer Services Corporation

OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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
NEXTGEAR CAPITAL, INC.

OR

7b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

7c. MAILING ADDRESS

1320 City Center Dr, Suite 100	CITY Carmel	STATE IN	POSTAL CODE 46032	COUNTRY USA
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8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral
- Indicate collateral:

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
Dealer Services Corporation

OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: SBO;INC
39241633 113 55956