## UCC FINANCING STATEMENT AMENDMENT **FOLLOW INSTRUCTIONS** Shelby Cnty Judge of Probate, AL A. NAME & PHONE OF CONTACT AT FILER (optional) 12/11/2017 12:09:02 PM FILED/CERT 74003888 **Barbara Sanders** 256-329-7578 B. E-MAIL CONTACT AT FILER (optional) bsanders@usameribank.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) **USAMERIBANK** PO BOX 1237 **ALEXANDER CITY, AL 35011** THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is to be filed [for record] 1a. INITIAL FINANCING STATEMENT FILE NUMBER (or recorded) in the REAL ESTATE RECORDS 20170309000081370 Shelby Co, AL 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 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 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 PARTY INFORMATION CHANGE: AND Check one of these three boxes to: Check one of these two boxes: CHANGE name and/or address: Complete DELETE name: Give record name ADD name: Complete item This Change affects | Debtor or | Secured Party of record item 6a or 6b; and item 7a or 7b and item 7c 7a or 7b, and item 7c 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 6b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME **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 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) **SUFFIX** CITY POSTAL CODE COUNTRY 7c. MAILING ADDRESS STATE COLLATERAL CHANGE: Also check one of these four boxes: **DELETE** collateral ASSIGN collateral ADD collateral RESTATE covered 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 **USAmeriBank** ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME 9b. INDIVIDUAL'S SURNAME SUFFIX 10. OPTIONAL FILER REFERENCE DATA: SOUTHEASTERN POND