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A. NAME & PHONE OF CONTACT AT FILER (ptional)  B. SEND ACKNOWLEDGMENT TO: (Name and Address)  FIRST NATIONAL BANK OF SHELBY COUNTY P. O. 80X 977 106 EAST COLLEGE ST COLUMBIANA, AL 35051  1.a. INITIAL FIRANCING STATEMENT FILE # SHELBY COUNTY INST# 1997-08578  1.a. INITIAL FIRANCING STATEMENT FILE # SHELBY COUNTY INST# 1997-08578  1.a. INITIAL FIRANCING STATEMENT FILE # SHELBY COUNTY INST# 1997-08578  2. X TERMINATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination conflicate for the additional period provided by special bits for mind of the additional period provided by special period provided by special period provided by special period provided by special period pe	•
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8. AMENDMENT (COLLATERAL CHANGE): check only one box.	X
Describe collateral deleted or sided, or give entire restated collateral description, or describe collateral assigned.	[A]NO.
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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 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.	a Debtor wh
9a. ORGANIZATION'S NAME	
FIRST NATIONAL BANK OF SHELBY COUNTY	
95. INDIVIDUAL'S LAST NAME MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA	