Regions Bank Loan Operations/Collateral P.O. Box 10247 Birmingham, Alabama 35202  SHELBY COUNTING!			
NAME & PHONE OF CONTACT AT FILER (pollone)  SEND ACKNOWLEDGMENT TO: (Name and Address)  Regions Bank Loan Operations/Collateral P.O. Box 10247  Birmingham, Alabama 35202  **RELEY COMM**  SHELEY COMM**  Inst# 2001-10578  **THE ABOVE SI  Inst# 2001-10578  THE ABOVE SI  Inst# 2001-10578  THE ABOVE SI  Inst# 2001-10578  TERMINATION: Effectiveness of the Financing Statement identified above as ierminated with respect to security interest(s) of the Continue for the additions incomes and provided by applicable law.  ASSIGNMENT (full or parall): Give name of assignee in item 7s or 7b and address of assignee in item 7c, end also give name and/or address. Give current record name in fame for a 6b; also give new canne (if name change) in item 5 or 7b and address of assignee in item 7c, end also give name and/or address. Give current record name in fame for a 6b; also give new canne (if name change) in item 5 or 7b and address. In the state of the change in the 7a or 7b and address. In the state of the change in the 7a or 7b and address. In the state of the 7c, end also give name and/or address. Give current record name in fame for a 6b; also give new canne (if name change) in item 5 or 7b and address. Give current for the change in the 7c or 7b and address. If address of assignee in item 7c, end also give new canne (if name change) in item 5 or 7b and address. Give current for the file of the file of the file of 7b or 7b and/or new address (if address change) in item 7c.  CUARCHIT RECORD INFORMATION:  8a. ORGANIZATION'S NAME  FIRST NAME  OSTOOD  CHANGED INEV; OR ADDED INFORMATION:  7a. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  FIRST NAME  CHANGE and the subordine of address of address of assignee, if this is an Assign add collected or adds the subtordine Debtor, or if this is a Termination authorizes by a Debtor, or describe collisteral and address of a debtor in a defense of a describe collisteral address of a describe or if this is a Termination authorizes by a Debtor, check here and address of a debtor in and add			
Regions Bank Loan Operations/Collateral P.O. Box 10247 Birmingham, Alabama 35202    Regions Bank   Regions Bank   P.O. Box 10247   Right   P.O. Bo	2002	2-07939	
Loan Operations/Collateral P.O. Box 10247 Birmingham, Alabama 35202    P263 AM   SELRY COUNTING   THE ABOVE SI   Instit 2001-10578   TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Security interest(s)			
Loan Operations/Collateral P.O. Box 10247 Birmingham, Alabama 35202    P263 AM   SELRY COUNTING   THE ABOVE SI   Instit 2001-10578   TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Security interest(s)			
Describe collateral deleted or	CER	O7939 TIFIED F PROBATE	
Inst# 2001-10578  TERMINATION: Effectiveness of the Financing Statement Identified above a terminated with respect to security interest(s) of the Continued for the additional period provided by applicable law.  Continued for the additional period provided by applicable law.  ASSIGNMENT (full or partial): Give name of assignee in Item 7a or 7b and address of assignee in Item 7c; and alto give name. AMENDMENT (full or partial): Give name of assignee in Item 7a or 7b and address of assignee in Item 7c; and alto give name. AMENDMENT (full or partial): Give name of assignee in Item 7a or 7b and address of assignee in Item 7c; and alto give name and the Item 7c; and alto give name of an ame change in Item 7a or 7b and/or new address (give new name (finance hange) in Item 7a or 7b and/or new address (give new name (finance hange) in Item 7a or 7b and/or new address (give new name (finance hange) in Item 7a or 7b and/or new address (give new name (finance hange) in Item 7a or 7b and/or new address (give new name (finance hange) in Item 7a or 7b and/or new address (give new name (finance hange) in Item 7a or 7b and/or new address (give new name (finance hange) in Item 7a or 7b and/or new address (give new name (finance hange) in Item 7a or 7b and/or new address (give new name (finance hange) in Item 7a or 7b and/or new address (give new name (finance hange) in Item 7a or 7b and/or new address (give new name (finance hange) in Item 7a or 7b and/or new address (give new name (finance hange) in Item 7a or 7b and/or new address (give new name (finance hange) in Item 7a or 7b and/or new address (give new name (finance hange) in Item 7a or 7b and/or new address (give new name (finance hange) in Item 7a or 7b and/or new address (give new name finance hange) in Item 7a or 7b and/or new address (give new name finance hange) in Item 7a or 7b and/or new address (give new name finance hange) in Item 7a or 7b and/or new address (give new name finance hange) in Item 7a or 7b and/or new address (give new name finance hange) in Item 7a	k 2022	.00.	
B. INITIAL FINANCING STATEMENT FILE # Inst# 2001-10578  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Continued for the additional period provided by applicable law.  CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secure Continued for the additional period provided by applicable law.  ASSIGNMENT (full or partial): Give name of assignee in term 7s or 7b and address of assignee in item 7c; and also give name. AMENDMENT (PARTY INFORMATION): This Amendment affects	PACE IS FO	OR FILING OFFICE USE	ONLY
CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security internation of the additional period provided by applicable law.  ASSIGNMENT (full or partial): Give name of assignes in item 7 as or 7b and address of essignos in item 7c; and also give name.  AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only Also check ong of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address: Give current record name in fam 6a or 6b: also give new name (if name change) in time 7a or 7b and/or new address (if address change) in item 7c. To be deleted in item 6a or 6b.  CURRENT RECORD INFORMATION:  6b. INDIVIDUAL'S LAST NAME  Robinson  CHANGE (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  FIRST NAME  FIRST NAME  CHANGEO (NEW) OR ADDED INFORMATION:  7b. INDIVIDUAL'S LAST NAME  FIRST NAME  CHANGEO (NEW) OR ADDED INFORMATION:  7c. MAILING ADDRESS  CITY  7c. TAXID #: SSN OR EIN   ADDIL INFO RE   7c. TYPE OF ORGANIZATION   7r. JURISDICTION OF ORGANIZATION   ORGA	1b. This	is FINANCING STATEMENT be filed [for record] (or record AL ESTATE RECORDS.	AMENDMENT
ASSIGNMENT (full or partial): Give name of assigned in time 7 a or 7b and address of assigned in item 7 c, and also give name.  AMENDMENT (PARTY INFORMATION): This Amendment affects			
AMENDMENT (PARTY INFORMATION): This Amendment effects □ Debtor or □ Secured Party of record. Check only Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. □ CHANGE name and/or address: Give current record name in item 6a or 6b; also give new □ DELETE name: Give record name (in item 6a or 6b; also give new □ to be deleted in item 6a or 6b.  CURRENT RECORD INFORMATION:  [6a. ORGANIZATION'S NAME  Robinson □ Osmond  CHANGE (NEW) OR ADDED INFORMATION:  [7a. ORGANIZATION'S NAME  Robinson □ Osmond  CHANGE (NEW) OR ADDED INFORMATION:  [7b. INDIVIDUAL'S LAST NAME □ FIRST NAME  C. MAILING ADDRESS □ CITY  CHANGE (NEW) OR ADDED INFORMATION:  [7c. MAILING ADDRESS □ CITY  CHANGE (NEW) OR ADDED INFORMATION:  [7b. INDIVIDUAL'S LAST NAME □ FIRST NAME  C. MAILING ADDRESS □ CITY  CHANGE (NEW) OR ADDED INFORMATION:  [7c. TAX ID #: SSN OR EIN □ ADD'L INFO RE □ 7e. TYPE OF ORGANIZATION □ CITY  DEBTOR □ DEBTOR □ CITY  CHANGE (NEW) OR ADDED INFORMATION:  [7c. TAX ID #: SSN OR EIN □ ADD'L INFO RE □ 7e. TYPE OF ORGANIZATION □ 7f. JURISDICTION OF ORGANIZATION □ DEBTOR □ CITY  CHANGE (NEW) OR ADDED INFORMATION:  [7c. TAX ID #: SSN OR EIN □ ADD'L INFO RE □ 7e. TYPE OF ORGANIZATION □ 7f. JURISDICTION OF ORGANIZATION □ DEBTOR □ TO THE TAX ID #: SSN OR EIN □ ADD'L INFO RE □ 7e. TYPE OF ORGANIZATION □ 7f. JURISDICTION OF ORGANIZATION □ DEBTOR □ TO THE TAX ID #: SSN OR EIN □ ADD'L INFO RE □ 7e. TYPE OF ORGANIZATION □ 7f. JURISDICTION OF ORGANIZATION □ DEBTOR □ TO THE TAX ID #: SSN ORGANIZATION □ TO THE TAX ID	ed Party auth	notizing this Continuation Sta	nement is
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.    CHANGE name and/or address: Give current cord name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address; (if address change) in item 7c. DELETE name: Give record name in a name (if name change) in item 7a or 7b and/or new address; (if address change) in item 7c.   CURRENT RECORD INFORMATION:   Ga. ORGANIZATION'S NAME	of assignor in	n item 9.	
CHANGE name and/or eddress; Give current record name in item 5e or 8b; also give new name (if name change) in item 7e or 7b and/or new address (if address change) in item 7c.    CURRENT RECORD INFORMATION:  Se. ORGANIZATION'S NAME  Robinson  CHANGED INEW) OR ADDED INFORMATION:  To. INDIVIDUAL'S LAST NAME  ROBINSON  CHANGED INEW) OR ADDED INFORMATION:  To. ORGANIZATION'S NAME  C. MAILING ADDRESS  CITY  To. INDIVIDUAL'S LAST NAME  TO. INDIVIDUAL'S LAST NAME  C. MAILING ADDRESS  CITY  To. AMAILING ADDRESS  To. INDIVIDUAL'S LAST NAME  To. MAILING ADDRESS  To. MAILING	one of these	two boxes.	
name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.	ame	DD name: Complete item 7g	or 7b, and also
66. INDIVIDUAL'S LAST NAME ROBINSON OSMOND  76. CHANGED (NEW) OR ADDED INFORMATION:  776. CRGANIZATION'S NAME  776. INDIVIDUAL'S LAST NAME  776. INDIVIDUAL'S LAST NAME  776. INDIVIDUAL'S LAST NAME  776. TAX ID #: SSN OR EIN ADDIL INFO RE   76. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION OBTOR  8. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral   deleted or   added, or give entire   restated collateral description, or describe collateral   assigned assigned assigned to add the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here   and enter name of D 98. ORGANIZATION'S NAME  Regions Bank	ite	em 7c; also complete items 7	d-7g (it applicat
Robinson  CHANGED (NEW) OR ADDED INFORMATION:  78. ORGANIZATION'S NAME  78. INDIVIDUAL'S LAST NAME  FIRST NAME  C. MAILING ADDRESS  CITY		<del> </del>	. <del></del>
Robinson  CHANGED (NEW) OR ADDED INFORMATION:  78. ORGANIZATION'S NAME  78. INDIVIDUAL'S LAST NAME  FIRST NAME  C. MAILING ADDRESS  CITY			100.000
7. CHANGED (NEW) OR ADDED INFORMATION:    Ta. ORGANIZATION'S NAME	MIDDLE	ENAME	SUFFIX
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  7c. MAILING ADDRESS  CITY  7d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   ORGANIZATION   DEBTOR    3. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral   deleted or   added, or give entire   restated collateral description, or describe collateral   assigne   assigne   added   assigne   added   assigne   added   assigne   added   assigne   added   assigne   added   assigne   assigne   added   assigne   added   assigne   added   assigne   assigne   added   assigne   added   assigne   added   assigne   and an assigne   added   assigne   added		· · · · · · · · · · · · · · · · · · ·	
75. INDIVIDUAL'S LAST NAME  76. MAILING ADDRESS  CITY  76. TAX ID #: SSN OR EIN   ADD'L INFO RE   76. TYPE OF ORGANIZATION   76. JURISDICTION OF ORGANIZATION   ORGANIZATIO		<del></del>	
75. INDIVIDUAL'S LAST NAME  76. MAILING ADDRESS  CITY  76. TAX ID #: SSN OR EIN   ADD'L INFO RE   76. TYPE OF ORGANIZATION   76. JURISDICTION OF ORGANIZATION   ORGANIZATIO			Léitieine
P. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assign adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of Describe Regions Bank  7f. JURISDICTION OF ORGANIZATION  7f. JURISDICTION  7f. JURI	MIDDLE	ENAME	SUFFIX
ORGANIZATION DEBTOR  3. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned assigned.  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assign adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of D.  98. ORGANIZATION'S NAME  Regions Bank	STATE	POSTAL CODE	COUNTRY
ORGANIZATION DEBTOR  3. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned assigned.  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assign adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of D.  98. ORGANIZATION'S NAME  Regions Bank	}		
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assign adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of Describe collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of Describe collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of Describe collateral adds the authorizing Debtor.	7g. ORG	GANIZATIONAL ID #, if any	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assign adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of D se. ORGANIZATION'S NAME Regions Bank	<del>-</del>		
adds colleteral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of D  9a. ORGANIZATION'S NAME  Regions Bank	ed.		
adds colleteral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of D  9a. ORGANIZATION'S NAME  Regions Bank			
adds colleteral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of D  9a. ORGANIZATION'S NAME  Regions Bank			
adds colleteral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of D  9a. ORGANIZATION'S NAME  Regions Bank			
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of D  9e. ORGANIZATION'S NAME  Regions Bank			
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of D  9e. ORGANIZATION'S NAME  Regions Bank			
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of Description			
adds colleteral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of D  9a. ORGANIZATION'S NAME  Regions Bank			
adds colleteral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of D  9a. ORGANIZATION'S NAME  Regions Bank			
9a. ORGANIZATION'S NAME Regions Bank	ment). If this EBTOR auth	is an Amendment authorized horizing this Amendment	by a Debtor wh
OR	<del></del> .		
9b. INDIVIDUAL'S LAST NAME	. <u> </u>		• <del>•</del>
· · · · · · · · · · · · · · · · · · ·	MIDDLI	E NAME	SUFFIX
10 OPTIONAL FILER REFERENCE DATA		· ··	