



| NAME & PHONE OF CONTACT AT FILER (optional) SEND ACKNOWLEDGMENT TO: (Name and Address) Covenant Bank P. O. Box 309 Leeds, AL 35094 III. INITIAL FINANCING STATEMENTFILE® 2001-35191 III. INITIAL FINANCING STATEMENTFILE® 2001-35191 III. INITIAL FINANCING STATEMENTFILE® 2001-35191 III. INITIAL FINANCING STATEMENT AMENDMENT IN the Financing Statement is entitled above is terminated with respect to security interestly of the Secured Party authorizing this Continuation Statement. CONTINUATION: Effectiveness of the Financing Statement is entitled above is terminated with respect to security interestly of the Secured Party authorizing this Continuation Statement is entitled in the additional period provided by applicable law. ASSIGNMENT (full or partial) Gene mainer of assignee in item 7s or 7s and address of assignee in item 7c and also give name of assigner in items 8. AMENDMENT (PARTY INFORMATION): This Amendment affects Debit of Secured Party of record. Check only give of these two boxes. Associated give the following time boxes gird provide appropriate information in items 6 and/or 7. General of the following time boxes gird provide appropriate information in thems 6 and/or 7. GENERAL STATEMENT (PARTY INFORMATION): This Amendment affects Debit of Debt of Secured Party of record. Check only gire of these two boxes. Associated gire of the following time boxes gire provide appropriate information in items 6 and/or 7. GENERAL STATEMENT (PARTY INFORMATION): This Amendment affects Debt of Secured Party of record. Check only gire of these two boxes. Associated gire of the following time boxes gire provides appropriate information in items 6 and/or 7. CAMPILING (FORMATION): Some consideration in them 6 and 7. CHANGE arms and/or address, for order the address of assignment in them 7 and 7. To AGANIZATION'S NAME FIRST NAME FI | P. O. BOX 309 Leeds, AL 35094 THE ABOVE SPACE IS FOR FILING OFFICE U THE ABOVE SPACE IS FOR FILING OFFICE OFFICE OFFI THE ABOVE SPACE IS FOR FILING OFFI THE | Probate, AL FILED/CERTIF |
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