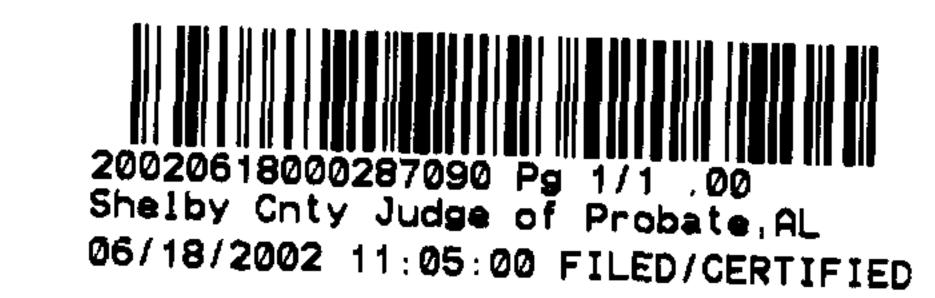
	 •	



	C FINANCING LOW INSTRUCTIONS		ENT AMENDMENT						
	NAME & PHONE OF C		المراجع المراج						
В. \$	SEND ACKNOWLEDGN	MENT TO: (Nam	e and Address)						
	F!	P. 106 E.	BANK OF SHELBY COUNTY O. BOX 977 AST COLLEGE ST BIANA, AL 35051						
1a.	INITIAL FINANCING STAT	EMENT FILE #			THE ABOVE SPA		FILING OFFICE USE		
	SHELBY COUNTY INS		7		to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.				
2.	X TERMINATION: Effe	ectiveness of the F	nancing Statement identified above is	terminated with r	espect to security interest(s) of t	he Secured f	arty authorizing this Tern	nination Statement.	
3.[CONTINUATION: E continued for the addit		Financing Statement identified above ed by applicable law.	with respect to se	curity interest(s) of the Secured	Party author	izing this Continuation Sta	atement is	
4.	ASSIGNMENT (full	or partial): Give na	me of assignee in item 7a or 7b and a	address of assigne	e in item 7c; and also give name	of assignor i	n item 9.		
				- Ш	d Party of record. Check only <u>on</u>	e of these tv	vo boxes.		
,	 ☐ CHANGE name and/or a	address: Give curre	<u>nd</u> provide appropriate information in int record name in item 6a or 6b; also	give new	DELETE name: Give record name		name: Complete item 7a		
6. 0	CURRENT RECORD INF		nd/or new address (if address change)	in item /c.	to be deleted in item 6a or 6b.	litem	7c; also complete items	/d-/g (if applicable).	
!	6a. ORGANIZATION'S NA	AME							
OR 6b. INDIVIDUAL'S LAST NAME				FIRST NAME		MIDDLE NAME SUFFIX			
		PADGET	Τ	JOHNNY		_	L		
	HANGED (NEW) OR A		ATION:						
OR	DR 76. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX		
7c. MAILING ADDRESS				CITY		STATE	IPOSTAL CODE	COUNTRY	
7C. MAILING ADDRESS									
7d.	TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTIO	N OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	XNONE	
	MENDMENT (COLLA)			<u> </u>		<u> </u>		[X] TONE	
C	escribe collateral del	leted or adde	d, or give entire restated collater	ral description, or o	lescribe collateral assigned.				
			ORD AUTHORIZING THIS AMEI or if this is a Termination authorized						
	9a. ORGANIZATION'S N.								
OR		••••••••••••••••••••••••••••••••••••••	FIRST NATIO	·	SHELBY COUNTY		<u> </u>		
	96. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX	
10.	OPTIONAL FILER REF	ERENCE DATA		<u></u>					