

BILLIE HOLLENQUEST REGIONS BANK P.O. BOX 4897 MONTGOMERY, AL 36103  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  WITHAL FINANCING STATEMENT FILE #  9712551  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  ID to filed [for record] (or recorded) in the REAL ESTATE RECORDS.  TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is 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 also give name of assignor in item 3.  MENDMENT (PARTY INFORMATION): This Amendment affects   Debtor or   Secured Party of record. Check only one of these two boxes.  SO check good the following three boxes agel provide appropriate information in items 6 and 67 7.  19 HANGE name and/or address: Give current record name in item 6a or 8b; also give new INFORMATION SHAME  SO INDIVIDUAL'S LAST NAME  FIRST NAME  MARTY  C  STATE  MIDDLE NAME  SUFFIX  AND OR SANIZATION'S NAME  FIRST NAME  FIRST NAME  MARTY  C  STATE  POSTAL CODE  COUNTY  AX ID #* SSN OREIN  AX ID #* SSN ORE	LLOW INS			*****				
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