

NAME & PHONE OF C	ONTACT AT FILI	ER [optional]				
SEND ACKNOWI EDG	MENT TO: Alon	and Address'				
SEND ACKNOWLEDG	MENT TO: (Nati	ia siid voolass)				
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	_	rcial Bank				
	Box 11740					
Bi	rmingham,	AL 35282				
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INITIAL FINANCING STAT	EMENT FILE #			ويسمى ويستكربنا وكروبستكوين	FINANCING STATEME	
200	020503000	208310 Shelby Ct	ĽУ	וס מידן ויי	e filed (for record) (or rec	
TERMINATION: Effe	ctiveness of the Fin	ancing Statement identified above is	terminated with respect to security interest(s) of			ation Statement
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continued for the additi						
ASSIGNMENT (full o	r partial): Give nam	ne of assignee in item 7a or 7b and a	ddress of assignee in item 7c; and also give name	e of assignor in	item 9.	
	فالربي فالمسترب المستاب	مقال والإي من الأسماد المناسب	otor or Secured Party of record. Check onl	سناي جسال بنظارب ساليوا	المناوات والمناوات والمناوات والمناوات	
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		provide appropriate information in it				
T CHANGE name and/or name (if name change)	address: Give curre in item 7a or 7b and	ent record name in item 6a or 6b; also I/or new address (if address change)	o give new DELETE name: Give record not in item 7c. Lobe deleted in item 6a or 6b.	name AD	D name: Complete item: m 7c: also complete item:	7a or 7b, and al s 7d-7a (if applic
URRENT RECORD INF						
6a. ORGANIZATION'S N	AME				· · · · · · · · · · · · · · · · · · ·	
6b. INDIVIDUAL'S LAST NAME			CIDOT NAME	MIDDLE	MAAGE	SUFFIX
66. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	NAME	1001712
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