



| 7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATIONS NAME  OR  7b. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  STATE  POSTAL CODE  CC  7d. SEE INSTRUCTIONS  ADDL. INFO RE  7e. TYPE OF ORGANIZATION  DEBTOR  7f. JURISDICTION OF ORGANIZATION  Partial Release:  Lot 182, according to the Survey of Phase One Caldwell Crossings, 2nd Sector as recorded in Map Book 30, Page 116, in the PRobate Office of Shelby County Alabama.  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Dead add collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.  First Commercial Bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | JCC FINANCING STATEMENT AMENDMEN                                            | 1T                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |
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| B. SEND ACKNOWLEDGMENT TO: (Name and Address)    First Commercial Bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |
| First Commercial Bank PO box 11746 Birmingham, AL 35202    THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY   The NANCING STATEMENT FILE #   10. The FINANCING STATEMENT AMEN   2000-43399   Shelby County   11. The FINANCING STATEMENT AMEN   2000-43399   Shelby County   11. The FINANCING STATEMENT AMEN   2000-43399   Shelby County   12. The FINANCING STATEMENT AMEN   2000-43399   Shelby County   12. The FINANCING STATEMENT AMEN   2000-43399   Shelby County   13. The Financing Statement Identified above with respect to security interesticy of the Secured Purply subministration for the Action of the Secured Purply subministration in the Financing Statement Amendment amendmen | M, MANE & PRONE OF CONTROL AT THE TOPROTON                                  |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |
| THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  The RENAMEND STATEMENT AMEN  2000—43399 She1by County  The ABOVE SPACE IS FOR FILING OFFICE USE ONLY  The RENAMEND STATEMENT AMEN  2000—43399 She1by County  The ABOVE SPACE IS FOR FILING OFFICE USE ONLY  The RENAMEND STATEMENT AMEN  10 CONTINUATION: Enchances on the Financing Statement identified above its terminated with respect to security interestly) of the Seaules Plany sumbording this Termination State  10 CONTINUATION: Enchances on the Financing Statement identified above with respect to security interestly of the Seaules Plany sumbording this Termination Statement  11 Continued to the additional princip grounded by applicable law.  12 ASSIGNMENT fluid or particly: One name of assignment interestly of the Seaules Plany sumbording the Continued to Statement  13 CONTINUATION: Interest of the Seaules of the Seaules of the Seaules Plany for record. Check only gags of these two busss.  14 ASSIGNMENT fluid or particle fluid specific instructions  15 AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor or Seaules Plany of record. Check only gags of these two busss.  14 ASSIGNMENT fluid or particle fluid specific instructions  15 AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor or Seaules Plany of record. Check only gags of these two busss.  15 AMENDMENT (PARTY INFORMATION): The Amendment affects   Debtor or Seaules Plany of record or sealing of these two busss.  16 CURRENT RECORD INFORMATION:  17 CHANGED (NEW) OR ADDITION OF SEAULES (PARTY OF SEAULES PLANY INFORMATION   The Seaules Plany IN | B. SEND ACKNOWLEDGMENT TO: (Name and Address)                               |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |
| 18. INITIAL FINANCING STATEMENT FILE # 2000—43399 Shelby County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PO box 11746                                                                |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |
| Tal INTIAL PINANCING STATEMENT FILE # 2000 - 43399 Shelby County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | E LICE ONLY                            |
| 2.   TERMINATION: Effectiveness of the Financing Submember Identified above is terminated with respect to security interest(s) of the Secure Party authorizing Statement Journal of Control Co | 12 INITIAL FINANCING STATEMENT FILE #                                       | THE ABOVE                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |
| TERMINATION: Effectiveness of the Financing Statement Identified above is forminated with respect to security interrection of the Secured Party authorizing this Termination Statement Continued for the additional period provided by supplicable law.    ASSIGNMENT (full or partial): Other name of assignoe in family fair 7 or 70 and additional period provided by supplicable law.   ASSIGNMENT (full or partial): Other name of assignoe in family fair 7 or 70 and additional period for the additional period provided by supplicable law.   ASSIGNMENT (full or partial): Other name of assignoe in family fair 7 or 70 and additional period for second. Once only one of these too buses. Also check gas the hollowing three boxes gad provide appropriate information in family fair 6 or 6 or 7 or 70 and additional fair family or 6 or 6 or 7 or 70 and additional fair family or 6 or 6 or 7 or 70 and additional fair family or 7 or 70 and additional fair fair fair fair fair fair fair fair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                                       | to be filed [for record] (continued in the property of the pro | or recorded) in the<br>IDS.            |
| A. ASSIGNMENT (Null or partiel): Give name of assignee in item 7a or 7b and address of assignee in Nem 7c, and also give name of assigner in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only grag of these two bores.  Also check (and of the followings these boxes and provide appropriate information in items 8 and/or 7.  Also check (and of the followings the boxes and provide appropriate information in items 8 and/or 7.  Also check (and of the followings): Please refer to the defailed instructions of the following the parties of a party.  CANACTION provides the parties of a party.  CALCHREIN TECROR INFORMATION:  Base ORGANIZATION SHAME  CALCHREIN TECROR INFORMATION:  Ta. ORGANIZATION SHAME  CR. TO. INDIVIDUAL'S LAST NAME  FRIST NAME  FRIST NAME  FRIST NAME  FRIST NAME  MIDDLE NAME  SU  7c. HANGED (NEW) OR ADDED INFORMATION:  Ta. ORGANIZATION'S NAME  OR  7c. MAILING ADDRESS  GITY  STATE POSTAL CODE  CC  7c. INDIVIDUAL'S LAST NAME  FRIST NAME  FRIST NAME  FRIST NAME  FRIST NAME  MIDDLE NAME  SU  7c. AMAILING ADDRESS  GITY  STATE POSTAL CODE  CC  7c. INDIVIDUAL'S LAST NAME  FRIST NAME  FRIST NAME  FRIST NAME  ADD TARRES POSTAL CODE  CC  7c. TARRES POSTAL CODE  CC  TO. INDIVIDUAL'S LAST NAME  FRIST NAME  FRIST NAME  FRIST NAME  SU  ADD TARRES POSTAL CODE  CC  To. INDIVIDUAL'S LAST NAME  FRIST NAME  FRIST NAME  SU  ADD TARRES POSTAL CODE  CC  TO. INDIVIDUAL'S LAST NAME  FRIST NAME  SU  ADD TARRES POSTAL CODE  CC  TO. INDIVIDUAL'S LAST NAME  FRIST NAME  FRIST NAME  FRIST NAME  FRIST NAME  MIDDLE NAME IS an Amendment authorized by a Debtor, check there  and enter name of DEBTOR authorizing this Amendment.  PLAST COMMENT OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Dead adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a |                                                                             | is terminated with respect to security interest(s) of | the Secured Party authorizing this Te                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ermination Statement.                  |
| 4. 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 assigner in item 8.  5. AMENDMENT (PARTY INFORMATION): The Amendment affects Debtor of Secured Party of record. Check only one of these two bones.  Also check gas of the following three boars and provide appropriate information in items 8 and art.  Also check gas of the following three boars and provide appropriate information in items 8 and art.  CHANGE name and/or address: Please refer to the debtard instructions Debtor of Debtar and also give name of case of the party of the par |                                                                             | ove with respect to security interest(s) of the Sec   | ured Party authorizing this Continua                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | tion Statement is                      |
| Also check and of the following three boxes and provide appropriate information in items 6 anction 7.    CHANGE name and/or address. Please refer to the detailed instructions   CELETE name. Give record name   ADD name. Complete item 72 or 75, and in records to exclude this instructions   CELETE name. Cive record name   ADD name. Complete items 72 or 75, and it and interests of excluding this instructions   ADD name. Complete items 72 or 75, and it and interests of excluding the first of the detailed in item 63 or 69.  C. CHANGEO (NEW) OR ADDED INFORMATION:   FIRST NAME   FIRST NAME   MIDDLE NAME   SU.  7. CHANGEO (NEW) OR ADDED INFORMATION:   FIRST NAME   FIRST NAME   MIDDLE NAME   SU.  7. CHANGEO (NEW) OR ADDED INFORMATION:   To. TYPE OF ORGANIZATION   To. INDIVIDUAL'S LAST NAME   FIRST NAME   MIDDLE NAME   SU.  7. MAILING ADDRESS   CITY   STATE   FOSTAL CODE   CO.  7. MAILING ADDRESS   ADDL INFO RE   To. TYPE OF ORGANIZATION   To. JURISDICTION OF ORGANIZATION   Ty. ORGANIZATIONAL ID 8, if any DEGRAME ADDRESS   CITY   STATE   FOSTAL CODE   CO.  8. AMENDMENT (COLLATERAL CHANGE): check only one box.   Describe collateral   Desc |                                                                             | address of assignee in item 7c; and also give nam     | e of assignor in item 9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -                                      |
| CLINICE name and/or address: Please refer to the detailed instructions   DELETE name. Grey second name   Rem 7c. abo complete farm 7s or 7b, and of second name   Rem 7c. abo complete farm 7s or 7b, and of second name   Rem 7c. abo complete farm 7s or 7b. and of second name   Rem 7c. abo complete farm 7s or 7b. and of second name   Rem 7c. abo complete farm 7s or 7b. and of second name   Rem 7c. abo complete farm 7s or 7b. and of second name   Rem 7c. abo complete farm 7s or 7b. and of second name   Rem 7c. abo complete farm 7s or 7b. and of second name   Rem 7c. abo complete farm 7s or 7b. and of second name   Rem 7c. abo complete farm 7s or 7b. and of second name   Rem 7c. abo complete farm 7s or 7b. and of second name   Rem 7c. abo complete farm 7s. and of second name   Rem 7c. abo complete farm 7s. and of second name   Rem 7c. abo complete farm 7s. and of second name   Rem 7c. abo complete farm 7s. and of second name   Rem 7c. abo complete farm 7s. and of second name   Rem 7c. abo complete farm 7s. and of second name   Rem 7c. abo complete farm 7s. and of second name   Rem 7c. abo complete farm 7s. and of second name   Rem 7c. and of second name   Rem 7c. abo complete farm 7s. and of second name   Rem 7c. abo complete farm 7s. and of second name   Rem 7c. abo complete farm 7s. and of second name   Rem 7c. abo complete farm 7s. and of second name   Rem 7c. abo complete farm 7s. and of second name   Rem 7c. abo complete farm 7s. and of second name   Rem 7c. abo complete farm 7s. and of second name   Rem 7c. and of second nam   |                                                                             |                                                       | ly <u>one</u> of these two boxes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |
| Internation to character the name/additions of a patry   16 be deleted in item 8s of 8b.   18th 7c, she complete flows 7e-7a if ago (6 CURRENT RECORD) INFORMATION   6a. CIRGANIZATION'S NAME   Caldwell Mill, LLP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             |                                                       | ADD name: Complete iter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | m 7a or 7b, and also                   |
| SE ORGANIZATIONS NAME  Caldwell Mill, LLP  REST NAME  FREST NAME  FREST NAME  MIDDLE NAME  SU  7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION S NAME  OR  7b. INDIVIDUAL'S LAST NAME  FREST  | in regards to changing the name/address of a party.                         |                                                       | item 7c; also complete ite                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ms 7e-7g (if applicable).              |
| OR 55. INDIVIDUAL'S LAST NAME   FIRST NAME   MIDDLE NAME   SU  7. CHANGED (NEW) OR ADDED INFORMATION:  73. ORGANIZATION'S NAME  OR 75. INDIVIDUAL'S LAST NAME   FIRST NAME   MIDDLE NAME   SU  76. MAILING ADDRESS   CITY   STATE   POSTAL CODE   CC  76. SEE INSTRUCTIONS   ADDITING ORE   76. TYPE OF ORGANIZATION   ORGANIZATION   ORGANIZATION   DEBTOR   ORGANIZATION   DEBTOR   ORGANIZATION   DEBTOR   ORGANIZATION   DEBTOR   ORGANIZATION   ORGA |                                                                             |                                                       | <u>.                                    </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |
| 7. CHANGED (NEW) OR ADDED INFORMATION:  7. ORGANIZATION'S NAME  7. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SU  7. MAILING ADDRESS  CITY  STATE  POSTAL CODE  CO  ORGANIZATION  DORGANIZATION  ORGANIZATION  DORGANIZATION  Partial Release:  Lot 182, according to the Survey of Phase One Caldwell Crossings, 2nd Sector as recorded in Map Book 30, Page 116, in the PRobate Office of Shelby County Alabama.  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Dorganization adds the authorizing Debtor, or if this is a 1 Termination authorized by a Dobtor, check here  First Commercial Bank  First NAME  First NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  SU  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  SU  MIDDLE NAME  SU  MIDDLE NAME  SU  MIDDLE NAME  SU  MIDDLE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |
| 72 ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6b. INDIVIDUAL'S LAST NAME                                                  | FIRST NAME                                            | MIDDLE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SUFFIX                                 |
| Tallow Continued and the survey of Phase One Caldwell Crossings, 2nd Sector as recorded in Map Book 30, Page 116, in the PRobate Office of Shelby County Alabama.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |
| To individual's last name    First name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             | <u> </u>                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |
| 76. MAILING ADDRESS  CITY  STATE POSTAL CODE  CC  76. SEE INSTRUCTIONS  ADDILINFO RE To TYPE OF ORGANIZATION OF ORGANIZATION OF ORGANIZATION ORGANIZ | 7a. UKGANIZATION S NAME                                                     |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |
| 7d. SEE INSTRUCTIONS    ADDIL INFO RE   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, if any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7b. INDIVIDUAL'S LAST NAME                                                  | FIRST NAME                                            | MIDDLE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SUFFIX                                 |
| 7d. SEE INSTRUCTIONS    ADDIL INFO RE   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, if any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |
| ORGANIZATION   DEBTOR    8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral ⊠ deleted or □ added, or give entire □ restated collateral description, or describe collateral □ assigned.  Partial Release:  Lot 182, according to the Survey of Phase One Caldwell Crossings, 2nd Sector as recorded in Map Book 30, Page 116, in the PRobate Office of Shelby County Alabama.  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Deador, check here □ and enter name of DEBTOR authorizing this Amendment.    Sa. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7c. MAILING ADDRESS                                                         | CITY                                                  | STATE POSTAL CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | COUNTRY                                |
| 8. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral  deleted or added, or give entire restated collateral description, or describe collateral assigned.  Partial Release:  Lot 182, according to the Survey of Phase One Caldwell Crossings, 2nd Sector as recorded in Map Book 30, Page 116, in the PRobate Office of Shelby County Alabama.  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Deadds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.  9a. ORGANIZATION'S NAME  First Commercial Bank  9b. INDIVIDUAL'S LAST NAME  MIDDLE NAME  SC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ORGANIZATION                                                                | 7f. JURISDICTION OF ORGANIZATION                      | 7g. ORGANIZATIONAL ID #,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | if any                                 |
| Partial Release:  Lot 182, according to the Survey of Phase One Caldwell Crossings, 2nd Sector as recorded in Map Book 30, Page 116, in the PRobate Office of Shelby County Alabama.  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Deadds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.  9a. ORGANIZATION'S NAME  First Commercial Bank  9b. INDIVIDUAL'S LAST NAME  MIDDLE NAME  SL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |
| Lot 182, according to the Survey of Phase One Caldwell Crossings, 2nd Sector as recorded in Map Book 30, Page 116, in the PRobate Office of Shelby County Alabama.  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Deadds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.    Sa. ORGANIZATION'S NAME   First Commercial Bank   First Name   MIDDLE NAME   St.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Describe collateral 🔀 deleted or 🔲 added, or give entire 🔲 restated collate | eral description, or describe collateral assign       | ned.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |
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| adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.    9a. ORGANIZATION'S NAME   FIRST NAME   MIDDLE NAME   SUMPLE |                                                                             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |
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| 9a. ORGANIZATION'S NAME  First Commercial Bank 9b. INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  SU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |
| 9b. INDIVIDUAL'S LAST NAME FIRST NAME SU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                               |
| 96. INDIVIDUAL'S LAST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ······································ |
| 10. OPTIONAL FILER REFERENCE DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9b. INDIVIDUAL'S LAST NAME                                                  | FIRST NAME                                            | MIDDLE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SUFFIX                                 |
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