



UCC FINANCING	STATEMENT AMENDME	INT		
	S (front and back) CAREFULLY ONTACT AT FILER [optional]			
B. SEND ACKNOWLEDG	MENT TO: (Name and Address)			
First Co PO box	ommercial Bank			
	ham, AL 35202			
		THE ABOVE	SPACE IS FOR FILING OFFICE U	SE ONLY
1a. INITIAL FINANCING STAT			1b. This FINANCING STATEME to be filed [for record] (or re	ENT AMENDMENT is
	399 Shelby County		REAL ESTATE RECORDS.	·
3. CONTINUATION: E		we is terminated with respect to security interest(s) of above with respect to security interest(s) of the Sec		
		nd address of assignee in item 7c; and also give nan	ne of assignor in item 9.	
		Debtor or Secured Party of record. Check or		
	wing three boxes <u>and</u> provide appropriate information		FT ADD was a Commission To	7k
in regards to changing	address: Please refer to the detailed instructions the name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a item 7c: also complete items 7	a or 7b, and also 7e-7g (if applicable).
6. CURRENT RECORD INF 6a. ORGANIZATION'S N				<u> </u>
Caldwe1	1 Mill, LLP			
66. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
			<u></u>	
7. CHANGED (NEW) OR ALTA			······································	<u></u>
7b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS			OTATE DOCTAL CODE	COLINITEN
76. MAILING ADUKESS		CITY	STATE POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	· —
8. AMENDMENT (COLLA	TERAL CHANGE): check only one box.			NONE
·		ateral description, or describe collateral assign	ned.	
Partial	release:			
	rded in Map Book 31, pag	ey of Phase Two Caldwell ge 31, in the Probate Of	-	-
O ALABAM OCOLUDED	DADTV or DECORD ALIEUTOS TOTOS	A 4P & 1P & 4P & 4P & 4P & 4P & 4P & 4P &		
adds collateral or adds the	PARTY OF RECORD AUTHORIZING THIS A authorizing Debtor, or if this is a Termination authority.	MENDMENT (name of assignor, if this is an Assignor) and enter name of the second of th	nment). If this is an Amendment authorized DEBTOR authorizing this Amendment.	ed by a Debtor which
9a. ORGANIZATION'S N.			-	··· <u> </u>
OR L	ommercial Bank			
9b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10 ODTIONAL EUED DESCO	NICE DATA	<u> </u>	<u> </u>	
10.OPTIONAL FILER REFERE	INCE DATA			