


	G STATEMENT AME S (front and back) CAREFULLY		- ·				
	CONTACT AT FILER [optional]						
B. SEND ACKNOWLEDG	SMENT TO: (Name and Address)						
E-i-mo-t	Commonatal Panl						
	Commercial Bank						
Po box							
BITHIN	gham, AL 35202						
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1a. INITIAL FINANCING STA	TEMENT FILE #		TH	E ABOVE SPA		FILING OFFICE USE	
		1by Count	· v		to b	e filed [for record] (or record	
	fectiveness of the Financing Statement			interest(s) of the S	11	L ESTATE RECORDS. by authorizing this Terminatio	n Statement.
	Effectiveness of the Financing Stateme			······································			
. .	tional period provided by applicable lav						
4. ASSIGNMENT (full	or partial): Give name of assignee in ite	m 7a or 7b and ad	dress of assignee in item 7c; and a	Iso give name of a	ssignor in i	tem 9.	
-	Y INFORMATION): This Amendmen		or <u>or</u> Secured Party of record	d. Check only <u>on</u>	of these t	wo boxes.	
	wing three boxes <u>and</u> provide appropriat		<u></u>				-
	r address: Please refer to the detailed in the name/address of a party.	nstructions	DELETE name: Give record notes to be deleted in item 6a or 6b.	ame		ame: Complete item 7a or 7 c: also complete items 7e-7d	
6. CURRENT RECORD IN			· <u> </u>				
6a. ORGANIZATION'S N							
OR 66. INDIVIDUAL'S LAST	ng Companies, LLC	<u> </u>	FIRST NAME	<u> </u>	MIDDLE	IANAE	SUFFIX
OU. INDIVIDUAÇÃ LAS	I AVAITILE.		TINGT NAME		IMIDDLE	ALVIAIC	SOLLIX
7. CHANGED (NEW) OR A	ODED INFORMATION!	· · · · · · · · · · · · · · · · · · ·		···-			
7a. ORGANIZATION'S I			<u>.</u>				
76. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	VAME	SUFFIX
7c. MAILING ADDRESS	<u></u> -		CITY		STATE	POSTAL CODE	COUNTR
					_		
7d. SEE INSTRUCTIONS	ADD'L INFO RE 7e. TYPE OF ORG	GANIZATION	7f. JURISDICTION OF ORGANIZA	ATION	7g. ORG/	NIZATIONAL ID #, if any	
	DEBTOR						
·	TERAL CHANGE): check only one						
Describe collateral de	leted or added, or give entire	restated collateral	description, or describe collateral	assigned.			
·					<u>-</u>	<u></u>	
. NAME OF SECURED	PARTY OF RECORD AUTHORIZI authorizing Debtor, or if this is a Termin	ING THIS AMEN	DMENT (name of assignor, if this	is an Assignment). If this is a	an Amendment authorized by	y a Debtor wh
9a. ORGANIZATION'S N	······································	iauvii autilitiked Dy	a Deputi, Check field and ente	THE THE OF LACE		zing uns Amendment.	
	Commercial Bank						
96. INDIVIDUAL'S LAST			FIRST NAME		MIDDLE N	IAME	SUFFIX

10.OPTIONAL FILER REFERENCE DATA