

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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|---|
| A. NAME & PHONE OF CONTACT AT FILER (optional) |
| James F. Burford, III 205-822-3433 |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) |
| James F. Burford, III Attorney at Law 1318 Alford Avenue, Suite 101 Birmingham, AL 35226 |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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| 1a. INITIAL FINANCING STATEMENT FILE # | 1b. This FINANCING STATEMENT AMENDMENT is <input checked="" type="checkbox"/> filed [for record] (or recorded) in the REAL ESTATE RECORDS. |
| Inst. # 20031110000745400 | |
| 2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. | |
| 3. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law. | |
| 4. <input type="checkbox"/> ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. | |
| 5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. <input type="checkbox"/> CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable). | |
| 6. CURRENT RECORD INFORMATION: | |
| 6a. ORGANIZATION'S NAME | |
| OR | 6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX |
| | Goggans Randall H. |
| 7. CHANGED (NEW) OR ADDED INFORMATION: | |
| 7a. ORGANIZATION'S NAME | |
| OR | 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX |
| 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY | |
| 7d. TAX ID # SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any |
| NONE | |

8. AMENDMENT (COLLATERAL CHANGE): check only one box.
Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.

I, the secured party, hereby consent to this termination.

John C. Hearn
John C. Hearn

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| 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 Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment. | | | |
| 9a. ORGANIZATION'S NAME | | | |
| OR | 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX | | |
| | Hearn John C. | | |

10. OPTIONAL FILER REFERENCE DATA