

UCC FINANCIN FOLLOW INSTRUCTION		ENT AMENDMEN  () CAREFULLY				
A. NAME & PHONE OF	······································					
CSC Diligenz, Ir	ıc. 1-800-8	358-5294				
B. SEND ACKNOWLED	GMENT TO: (Nar	ne and Address)				
32341675						
'CSC Dilige	nz. Inc.					
	·	Pkwy, Suite 400				
Mukilteo, V		Rvvy, Cuite 400				
iviaititee, v	V/~ JUZI J					
		Filed In: Alabam	a Shelby			
			THE ABO	VE SPACE IS FOR FILING OFFICE U	JSE ONLY	
1a. INITIAL FINANCING STATEMENT FILE # 20070920000441410 09/20/2007				1b. This FINANCING STATEME to be filed [for record] (or re		
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) or					to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.  The Secured Party authorizing this Termination Statement	
				Secured Party authorizing this Continuation		
continued for the add	itional period provide	ed by applicable law.	to with roop out to obouting interest(o) or the	occurred reality authorizing this continuation	) Statement 15	
4. ASSIGNMENT (full	or partial): Give na	me of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give	name of assignor in item 9.		
		V): This Amendment affects Del			· · · · · · · · · · · · · · · · · · ·	
		nd provide appropriate information in it				
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.			DELETE name: Give record name    ADD name: Complete item 7a or 7b, and also item 7c; to be deleted in item 6a or 6b.    ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).		or 7b, and also item 7c;	
6. CURRENT RECORD II	VFORMATION:					
6a. ORGANIZATION'S						
OR 6b. INDIVIDUAL'S LAS	•		I EIDOT ALABE			
66. INDIVIDUAL'S LAS	INAME		FIRST NAME	MIDDLE NAME	MIDDLE NAME SUFFIX	
7. CHANGED (NEW) OR 7. 7a. ORGANIZATION'S		rion:	· - · · · · · · · · · · · · · · · · · ·		·	
7 a. ORGANIZATION S	IAVAIAIE					
OR 7b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME	SUFFIX	
7c. MAILING ADDRESS			CITY	STATE POSTAL CODE	COUNTRY	
7d. SEE INSTRUCTIONS		7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID#, if a	ıny	
	ORGANIZATION ' DEBTOR				NONE	
8. AMENDMENT (COLL	ATERAL CHANG	E): check only <u>one</u> box.			ITACIAL	
<b>,</b>		,	al description, or describe collateral	ssigned.		
	<del></del>			e 137-A and 137-B, recorded July 1	18. 2007, in the	
		lby County, Alabama.				
9. NAME OF SECURED adds collateral or adds the	PARTY OF REC	ORD AUTHORIZING THIS AME or if this is a Termination authorized	ENDMENT (name of assignor, if this is an Aby a Debtor, check here and enter name	Assignment). If this is an Amendment authorized of DEBTOR authorizing this Amendment.	zed by a Debtor which	
9a. ORGANIZATION'S I			,			
ServisFirst Ba	ank					
OR 9b. INDIVIDUAL'S LAS	TNAME		FIRST NAME	MIDDLE NAME	SUFFIX	
10.0PTIONAL FILER REFER	RENCE DATA					
7078					32341675	