LUMPKIN  EDWIN  BROOKS  JR  7. CHANGED (NEW) OR ADDED INFORMATION:  72. ORGANIZATION'S NAME  OR  75. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFF  76. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUN  76. SEEINSTRUCTIONS  ADDL INFO RE   76. TYPE OF ORGANIZATION   77. JURISDICTION OF ORGANIZATION   79. ORGANIZATIONAL ID #, if any ORGANIZATION   79. ORGANIZATION	61475				
MANUAL A PRIORE OF CONTACT AT FILER (epidemit) MONICA HEBERT 337-359-3162  6. SEND ACKNOWLEDGMENT TO. (Name and Address)    IBERIABANK PO BOX 12440   NEW IBERIA I.A. 70562-2440    THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY   15. TITLE FINANCING STATEMENT FILE #   15. The FINANCING STATEMENT FILE #   15.			MENT	20101129000397530 1/1 Shalby Cnty Judge of P	\$29.00 robate, AL
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