| 919 FALLING STAR LN d. TAX ID #: SSN OR EIN ORGANIZATION | CC FINANCING STATEMENT AMENOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] I. RUFFIN/205.226.1902 B. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | 0124000024500 1/1 \$ by Cnty Judge of Pr | |
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| ## INTIMAL FINANCING STATEMENT FILE # 20080611000238840/SHELBY Termination for reading for recording in the machine and show is iterminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above the secured Party authorizing this Continuation Statement Identified above and the secured Party authorizing this Continuation Statement Identified above and the Secured Party authorizing the Secured Party Identified Identified Identified above with respect to secure Interest Identified above | 600 NORTH 18TH STREET | | 01/2 | 4/2011 03:12:15 PM | FILED/CERT |
| TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party subnotring this Termination Statement. □ CONTINUATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party subnotring this Termination Statement. □ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party subnotring this Continuation Statement is continued for the additional paried growing they applicable law. □ ASSIGNMENT (full or partial): Give norm of assignment in term 7s or 75 and address of resignment interm 7c, and also give name of assignment interm 7c. The American Interm. Party of 2 and address of respect in the Party of record. Check only 22s of these two boxes. □ ASSIGNMENT (full or partial): Give normal resort of the full re | 2 INITIAL FINANCING STATEMENT FILE# | | THE ABOVE SP | | |
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