UCC FINANCING STATEMENT AMENI FOLLOW INSTRUCTIONS (front and back) CAREFULLY	DMENT		
A. NAME & PHONE OF CONTACT AT FILER [optional] LOIS COOK 662-680-1161			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
DENIACANITE DANIE			_ =
RENASANT BANK P O BOX 709			
TUPELO MS 38802		20110506000137930 1/1 \$29.00	
		Shelby Cnty Judge of Probate, A 05/06/2011 03:36:49 PM FILED/CE	
***************************************	<del></del>	THE AROVE CRACE IS FOR EILING OFFICE	E HOE ONLY
1a. INITIAL FINANCING STATEMENT FILE #		THE ABOVE SPACE IS FOR FILING OFFICE  1b. This FINANCING STATE	EMENT AMENDMENT is
20060714000340970		to be filed [for record] (continued to be filed [for record] (cont	RDS.
<ol> <li>TERMINATION: Effectiveness of the Financing Statement ident</li> <li>✓ CONTINUATION: Effectiveness of the Financing Statement ident</li> </ol>			
continued for the additional period provided by applicable law.	Tonimod abovo man respect to security intere	si(s) of the Secured Party authorizing this Continua	tion Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7			
<ol> <li>AMENDMENT (PARTY INFORMATION): This Amendment afford Also check one of the following three boxes and provide appropriate information.</li> </ol>		cord. Check only one of these two boxes.	
CHANGE name and/or address: Give current record name in item (name (if name change) in item 7a or 7b and/or new address (if add	Sa or 6b; also give new DELETE nam	ne: Give record name	item 7a or 7b, and also
6. CURRENT RECORD INFORMATION:	to be deleted	in item 6a or 66. Litem 7c; also complete	items 7d-7g (if applicable
6a. ORGANIZATION'S NAME			· - · · · · · · · · · · · · · · · · · ·
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
IRWIN	D	BRUCE	
7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME			
TA. ORGANIZATION S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
2147 RIVERCHASE OFFICE ROAD	BIRMINGHAM	STATE POSTAL CODE  AL 35244	COUNTRY
ADD'L INFO RE 7e. TYPE OF ORGANIZ	<b>I</b>		if any
ORGANIZATION DEBTOR			NON
3. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire resta	ted collateral description, or describe collate	eräl assigned.	
NAME OF SECURED PARTY OF RECORD ALITHORIZING	THIS AMENDMENT (name of positions of		<del>                                      </del>
NAME OF SECURED PARTY OF RECORD AUTHORIZING adds collateral or adds the authorizing Debtor, or if this is a Termination	authorized by a Debtor, check here and	enter name of DEBTOR authorizing this Amendment	orized by a Debtor which it.
9a. ORGANIZATION'S NAME			
RENASANT BANK 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	RAIDDI E NANE	<u> </u>
	I STATISTE	MIDDLE NAME	SUFFIX
O OPTIONAL FILER REFERENCE DATA			
2010000851-1			