rah Stewart 66 END AÇKNOWLEDGM	NTACT AT FILER [optional] 52-620-3753						
	B. SEND ACKNOWLEDGMENT TO: (Name and Address)						
	Y. Th						
BancorpSouth P.O. Box 4360							
Tupelo, MS 38803			20120423000139650 1/1 \$29.00				
•			Shelby Cnt	y Judge	of Probate, AL		
1			04/23/2012	Ø3 : 25 : ·	40 PM FILED/CERT		
ITIAL FINANCING STATE	MENT FILE#		THE ABOVE SPA		R FILING OFFICE USE (IENT is
070829000407	980 8/29/2007		to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.				
TERMINATION: Effec	tiveness of the Financing Statement identified above i	is terminated with respect to se	curity interest(s) of the S			n Stateme	ent.
CONTINUATION: Eff	ectiveness of the Financing Statement identified about the provided by applicable law.	ove with respect to security into	erest(s) of the Secured	Party autho	rizing this Continuation State	ement is	
						······································	
	partial): Give name of assignee in item 7a or 7b and a NFORMATION): This Amendment affects					· 	
	ng three boxes <u>and</u> provide appropriate information in i		record. Check only or	<u>le</u> or these t	wo boxes.		
CHANGE name and/or add	dress: Please refer to the detailed instructions name/address of a party.	DELETE name: Give red to be deleted in item 6a	· · - · · ·	ADDn	ame: Complete item 7a or 7b, a emplete items 7e-7g (if applicat	and also ite	am 7c;
JRRENT RECORD INFO	· · · · · · · · · · · · · · · · · · ·	to be deleted in item ou	<u> </u>	ai30 00	Zinipiete iterria 7 e-7 g (ii applicat	,	
a. ORGANIZATION'S NAI	ME				······································		•
R 6b. INDIVIDUAL'S LAST NAME		FIRST NAME	· · ···· · · · · · · · · · · · · · · ·	MIDDLE	NAME:	SUFFI	
Givianpour		Charles		MIDDLE NAME		SUFFI	^
IANGED (NEW) OR ADD	DED INFORMATION:	Chartes		В			
a. ORGANIZATION'S NAM			 	<u> </u>			
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFF	IX
AH ING ADDDECC					······································		
AILING ADDRESS		CITY		STATE	POSTAL CODE	COUN	ITRY
EINSTRUCTIONS	ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORG	SANIZATION	7a. ORG/	ANIZATIONAL ID #, if any		
	ORGANIZATION DEBTOR		,	'g. 01(0/	WERTHORN LIDE, IT AITY	Г	٦
	ERAL CHANGE): check only one box.		i 			L	NO