

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY



20121106000425700 1/2 \$.00

Shelby Cnty Judge of Probate, AL

11/06/2012 10:12:32 AM FILED/CERT

A. NAME & PHONE OF CONTACT AT FILER [optional]

AMY WISE (205) 221-4111

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Loan Processing Department, Pinnacle Bank
1811 2nd Ave
Jasper, Alabama 35501

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #

20071212000561980

1b. This FINANCING STATEMENT AMENDMENT is

☐ to be filed [for record] (or recorded) in the
REAL ESTATE RECORDS.

2. ☒ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ☐ ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects ☐ Debtor or ☐ Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

☐ CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. ☐ DELETE name: Give record name to be deleted in item 6a or 6b. ☐ ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S LAST NAME

HOBSON

FIRST NAME

MICHAEL

MIDDLE NAME

H

SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

7d. TAX ID #: SSN OR EIN

ADD'L INFO RE
ORGANIZATION
DEBTOR

7e. TYPE OF ORGANIZATION

7f. JURISDICTION OF ORGANIZATION

7g. ORGANIZATIONAL ID #, if any

☐ NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which 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.

9a. ORGANIZATION'S NAME

PINNACLE BANK - 28672

OR

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

10. OPTIONAL FILER REFERENCE DATA

UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY

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14. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)
20071212000561980

15. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

15a. ORGANIZATION'S NAME PINNACLE BANK - 28672		
OR	15b. INDIVIDUAL'S LAST NAME	FIRST NAME MIDDLE NAME,SUFFIX

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16. MISCELLANEOUS

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17. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (17a or 17b) - do not abbreviate or combine names

17a. ORGANIZATION'S NAME			
OR	17b. INDIVIDUAL'S LAST NAME HOBSON	FIRST NAME MARITZA	MIDDLE NAME V
17c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
17d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	17e. TYPE OF ORGANIZATION	17f. JURISDICTION OF ORGANIZATION 17g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

18. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (18a or 18b) - do not abbreviate or combine names

18a. ORGANIZATION'S NAME			
OR	18b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
18c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
18d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	18e. TYPE OF ORGANIZATION	18f. JURISDICTION OF ORGANIZATION 18g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

19. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (19a or 19b) - do not abbreviate or combine names

19a. ORGANIZATION'S NAME			
OR	19b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
19c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
19d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	19e. TYPE OF ORGANIZATION	19f. JURISDICTION OF ORGANIZATION 19g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

20. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (20a or 20b)

20a. ORGANIZATION'S NAME			
OR	20b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
20c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY

21. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (21a or 21b)

21a. ORGANIZATION'S NAME			
OR	21b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
21c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY