Corporation Service Company 1-800-858-5294 3. SEND ACKNOWLEDGMENT TO: (Name and Address) 71472185 - 347950 Corporation Service Company 801 Addial Stevenson Drive Springfield, IL 62703-4261 Filed In: Alabama Shelby THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY a. INITIAL FINANCING STATEMENT FILE # 20100405000100670 4/5/2010 This Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued to the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 75 or 75 and address of assignee in item 76 or 75 and address of an address of the Financing Statement and address of a sadginee in item 76 or 75 and address of a sadginee in item 76 or 75 and address of a sadginee in item 76 or 75 and address of a sadginee in item 76 or 75 and address of a sadginee in item 76 or 75 and address of a sadginee in item 76 or 75 and address of a sadginee in item 76 or 75 and address of a sadginee in item 76 or 75 and address of a sadginee in item 76 or 75 and address of a sadginee in item 76 or 75 and address of a sadginee in item 76 or 75 and address of a sadginee in item 76 or 75 and address of a sadginee in item 76 or 75 and address of a sadginee in item 76 or 75 and address of a sadginee in item 76 or 75 and address of a sadginee in item 76 or 75 and address of a sadginee in item 76 or 75 and address of a sadginee in item 76 or 75 and address of a sadginee in item 76 or 75 and address of a sadginee in item 76 or 75 and address of a sadginee in item 76 or 75 and address of a sadginee in item 76 or 75 and address of a sadginee in item 76 or 75 and address of a sadginee in item 76 or 75 and address of a sadginee in item 76 or 75 and address of a sadginee in item 76 or 75 and address of a sadginee in item 76 or 75 and address of a sadginee in item 76 or 75 and address of a sadginee in item 76 or 75 and address of a sadgineer in item 76 or 75 and address of a sadgineer in item 76		S (front and back) CAREFULLY	IDMENT		20121203000459720 1	
SEND ACKNOWLEDGMENT TO (Mann and Address) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY SPACE AND ACKNOWLEDGMENT THE			NO 4		CLIETON CUIN JUNGS OF	F Dim = L + -
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY BINIMA, FINANCING STATEMENT FLE# 20100405000100670 4/8/2010 TERMINATION. Enumerous and the Financing Statement identified above is seminated with respect to security interested of the Secured Pay authorizing the Termination Statement is continued to the selection of the Secured Pay authorizing the Termination Statement is continued to the selection of the Secured Pay authorizing the Termination Statement is continued to the selection of the Secured Pay authorizing the Termination Statement is continued to the selection of the Secured Pay authorizing the Termination Statement is continued to the selection of the Secured Pay authorizing the Termination Statement is continued to the selection of the Secured Pay authorizing the Termination Statement is continued to the selection of the Secured Pay authorizing the Termination Statement is continued to the selection of the Secured Pay authorizing the Termination Statement is continued to the selection of the Secured Pay authorizing the Termination Statement is continued to the selection of the Secured Pay authorizing the Continued to the Secured Pay authorizing the Continued to the Secured Pay authorizing the Continued to the Termination in terms 6 and along the read of the Secured Pay authorizing the Internation of the Secured Pay authorized the Secured Pay authorized Pay aut			:94		12/00/2012 08:38:32	AM FILED/CERT
## Springfield, IL 62703-4261 Filed In: Alabama Shelby						
Filed In: Alabama Shelby THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FLE # 2010/04/05/2010 The Financing Statement destrilled above is terminated with respect to security interests; of the Secure PRV authorizing the Tominator Statement Continuous for the additional period provided by registration for the additional period provided by substatement and the second for the secure PRV authorizing the Continuous for the additional period provided by substatement is a continuous for the additional period provided by substatement is a continuous for the additional period provided by substatement is a continuous for the additional period provided by substatement is a continuous for the additional period provided by substatement is a continuous for the additional first purposed to the secure provided by substatement is a continuous for the additional first purposed by the secure PRV authorizing the Continuous for the additional first purposed to the secure PRV authorizing the Continuous for the additional first purposed to the secure PRV authorizing the Continuous for the additional first purposed to the secure PRV authorizing to secure PRV authorizing to the secure PRV authorizing to sec	Corporation	Service Company				
Filed In: Alabama Shelby THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE ONLY THE ABOVE SPACE	801 Adlai S	tevenson Drive				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INTRIAL FINANCINS \$1 (IEMENT FILE # 20100405000100670 4/5/2010 Table Table	Springfield,	IL 62703-4261				
In This FRANCING STATEMENT AME TOWN 25 OLD 10 AS 2010 0.004050001 0.0870 4/5/2010 1.004050001 0.0870 4/5/2010 1.004050001 0.0870 4/5/2010 1.004050001 0.0870 4/5/2010 1.004050001 0.0870 4/5/2010 1.004050001 0.0870 4/5/2010 1.004050001 0.0870 4/5/2010 1.004050001 0.004050001 0.004050001 0.004050001 0.004050001 0.004050001 0.004050001 0.004050001 0.004050001 0.004050001 0.004050001 0.004050001 0.004050001 0.004050001 0.004050001 0.004050001 0.004050001 0.004050001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405001 0.00405		Filed In	n: Alabama Shelb <u>y</u>	THE ADOVE O		
### TERMINATION: Effectiveness of the Financing Splatement identified above its terminated with respect to security interest(s) of the Securde Party authorizing this termination Statement is continued for the additional period provided by applicable law. ### ASSIGNMENT (full or sanish): Give name of assigner in file in the file of 75 and address of assigner in firm 75 or 75 and also give name of assigner in file in 15 or 75 and address of assigner in firm 75 or 75 and also give name of assigner in file in 15 or 75 and also give name of assigner in file in 15 or 75 and also give name of assigner in file in 15 or 75 and also give name of assigner in file in 15 or 75 and also give name of assigner in file in 15 or 75 and also give name of assigner in file in 15 or 75 and also give name of assigner in file in 15 or 75 and also give name of assigner in file in 15 or 75 and also give name of assigner in file in 15 or 75 and also give name of assigner in file in 15 or 75 and also give name of assigner in file in 15 or 75 and also give name of assigner in file in 15 or 75 and also give name of assigner in 15 or	. INITIAL FINANCING STA	TEMENT FILE#		THE ABOVE S		
ONTINUATION: Effectiveness of the Financing Statement denthed above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued to the additional period provided by applicable law. ASSIGNMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record, Creek only one of these two bores. Also check one of the following three boxes and provide appropriate information in terms 6 and/or 7. Also check one of the following three boxes and provide appropriate information in terms 6 and/or 7. OLYANGER maner of the following three boxes and provide appropriate information in terms 6 and/or 7. OLYANGER maner of the following three boxes and provide appropriate information in terms 6 and/or 7. OLYANGER maner of the following three boxes and provide appropriate information in terms 6 and/or 7. OLYANGER DATE OF THE OLYANGER CONTINUED AND INFORMATION To change the following three controlled terms for 10th declared in term 6a or 6b. OLYANGER DATE OF THE OLYANGER CONTINUED AND INFORMATION. To change the following three three two boxes and provide and the following three two boxes and provide appropriate information in terms 6 and/or 7b, avidational and 6b. OLYANGER DATE OF THE OLYANGER CONTINUED AND INFORMATION. To change the following three two boxes and provide appropriate information and following three two boxes and provide appropriate information and following three two boxes and provide appropriate information and following three two boxes and provide and following three two boxes and provide approvide to the following three two boxes and provide and following three two boxes and provide approvide to the following three two boxes and provide approvide to the following three two boxes and provided three following three following three following three following t	2010040500010067	0 4/5/2010				
ASSIGNMENT (pull or partial): Owe name of assignee in item 7s or 7b and address of assignee in item 7s or 7b and address of assignee in item 7s or 7b and address of assignee in item 7s or 7b and address of assignee in item 7s or 7b and address of assignee in item 7s or 7b and address of assignee in item 7s or 7b and address of assignee in item 8. AMENIOMENT (PARTY INFORMATION): This Amendment affects	X TERMINATION: Ef	ectiveness of the Financing Statement id	entified above is terminated with res	pect to security interest(s) of t	he Secured Party authorizing this	Termination Statement.
ASSIGNMENT (full or partial): Sine name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor		——————————————————————————————————————		ecurity interest(s) of the Secu	red Party authorizing this Contin	uation Statement is
AMENDMENT (PARTY INFORMATION): This Amendment affects	<u>, i i i i j</u>			n item 7c; and also give name	of assignor in item 9.	
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANCE in me and/or address. Please refer to the detailed instructions. DELETE name: Give record name. also complete item 7 and 7a, and also item (and or 6b). CHANCET RECORD INFORMATION. GEO. ORGANIZATION'S NAME. GEO. ORGANIZATION'S NAME. James. GEO. ORGANIZATION'S NAME. James. GEO. ORGANIZATION'S NAME. James. GEO. ORGANIZATION'S NAME. FIRST NAME. James. GEO. ORGANIZATION'S NAME. James. GEO. ORGANIZATION. JAMENDMENT. (COLLATERAL CHANGE): check only goe box. Describe collateral. Geo. Organization. Describe collateral. Geo. Organization. Jadded, or give entire. Jestated collateral description, or describe collateral. James and an Assignment). If this is an Antendment authorized by a Debtor and collateral and enter name of DEBTOR authorizing this Amendment.						
In regards to changing the name hadders of a party. To be deleted in item & of & Intercomplete items ?e.?q (if applicable). CURRENT RECORD INFORMATION	Also check <u>one</u> of the follow	wing three boxes and provide appropriate	information in items 6 and/or 7.			_
Sa. ORGANIZATION'S NAME Sb. INDIVIDUAL'S LAST NAME James G CHANGED (NEW) OR ADDED INFORMATION: [7a. ORGANIZATION S NAME 7b. INDIVIDUAL'S LAST NAME AND INFORMATION: [7b. INDIVIDUAL'S LAST NAME [7c. TYPE OF ORGANIZATION [7c. TYPE OF ORGANIZATION OF ORGANIZATION [7c. ORGANIZATIONAL ID #, if any [7c. ORGANIZATIONS NAME Servis Type of Organization [7c. ORGANIZATION						
James G					·	
Dames G STATE STATE STATE STATE STATE STATE POSTAL CODE COUNT	Ch. INIDAUGUACT	`	TEIDET NAME	······································	TRAIDDI E NIARAE) el icciv
CHANGED (NEW) OR ADDED INFORMATION: Tall ORGANIZATION'S NAME	OB. INDIVIDUAL S LAST	NAME			_	SUPPIX
7a. ORGANIZATION'S NAME	CHANGED (NEW) OR A	DDED INFORMATION:				<u></u>
MAILING ADDRESS CITY STATE POSTAL CODE COUNTI SEEINSTRUCTIONS ADD'L INFO RE 76. TYPE OF ORGANIZATION DORGANIZATION DORGANIZATION DORGANIZATION AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral sessigned. 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 wards collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here SUPPLY STATE POSTAL CODE COUNTI 77. JURISDICTION OF ORGANIZATION 79. ORGANIZATIONAL ID #, if any Tender of COUNTI The postal code COUNTI The postal code This is an Assignment). If this is an Amendment authorized by a Debtor wards collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here The postal code The post					· · ·	
MAILING ADDRESS CITY STATE POSTAL CODE COUNTING SEE INSTRUCTIONS ADDILINFO RE ORGANIZATION DEBTOR ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. 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 wadds collateral or adds the authorizing Debtor, or if this is a 1 Amendment authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME ServisFirst Bank			TEID OT MANE		TANDOLE MANE	CUEEN
SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. 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 wards 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.	` 7b. INDIVIDUAL'S LAST NAME		FIRSTNAME		MIDDLE NAME	SUFFIX
AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. 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 wards 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.	MAILING ADDRESS		CITY	<u> </u>	STATE POSTAL CODE	COUNTR
AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. 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 wards 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.						
AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. 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 wards 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.	SEEINSTRUCTIONS		ANIZATION 7f. JURISDICTIO	N OF ORGANIZATION	7g. ORGANIZATIONAL ID	#, if any
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 wadds 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.		ľ				
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 ServisFirst Bank	` 	<u> </u>		escribe collateral assigne	ed.	
	NAME OF SECURED		•			-
96. INDIVIDUAL'S LAST NAME SUFFIX	adds collateral or adds the					• • • • • • • • • • • • • • • • • • • •
	adds collateral or adds the			<u>, , , </u>		

71472185