. NAME & PHONE OF C		CAREFULLY  R (optional)					
Prepared By: Sar		- ·					
. SEND ACKNOWLEDG							
BancorpSor	uth Bank						
P.O. Box 43	60						
Tupelo, MS	38803		20121217	000479780	1/1 \$29.00		
					of Probate, AL 2 AM FILED/CERT		
•							
INITIAL FINANCING STA	TEMENT FILE#		THE ABOVE		R FILING OFFICE US		
a. INITIAL FINANCING STATEMENT FILE # 20080509000191670 5/9/2008				to b	1b. This FINANCING STATEMENT AMENDMENT to be filed [for record] (or recorded) in the		
			is terminated with respect to security interest(s) of		AL ESTATE RECORDS.  Ity authorizing this Termina	ation Statement.	
			ove with respect to security interest(s) of the Sec			···· · · · · · · · · · · · · · · · · ·	
continued for the addi							
ASSIGNMENT (full	or partial): Give nam	ne of assignee in item 7a or 7b and	address of assignee in item 7c; and also give nam	ne of assignor in	item 9.		
AMENDMENT (PART	Y INFORMATION)	: This Amendment affects De	ebtor <u>or</u> Secured Party of record. Check or	nly <u>one</u> of these	two boxes.		
· · ·	-	I provide appropriate information in		ADD =	oma: Complete item 7e er 7	7h and also itam 7	
CHANGE name and/or in regards to changing t			DELETE name: Give record name to be deleted in item 6a or 6b.		name: Complete item 7a or 7 omplete items 7e-7g (if appl		
CURRENT RECORD IN					<del></del>	· . · · · . · . · .	
1		Company Inc					
6b. INDIVIDUAL'S LAST	NAME NAME	Company, Inc	FIRST NAME	MIDDLE	MIDDLE NAME		
			ļ				
CHANGED (NEW) OR A	···	ION:					
7a. ORGANIZATION'S I	NAME	ION:	FIRST NAME	MIDDLE	NAME	SUFFIX	
7a. ORGANIZATION'S N	NAME	ION:	FIRST NAME	MIDDLE	NAME POSTAL CODE		
7a. ORGANIZATION'S I	NAME	ION:				SUFFIX	
7a. ORGANIZATION'S I	ADD'L INFO RE	7e. TYPE OF ORGANIZATION		STATE		COUNTR	
7a. ORGANIZATION'S No. INDIVIDUAL'S LAST	NAME		CITY	STATE	POSTAL CODE	COUNTR	
7a. ORGANIZATION'S NOT THE TOTAL TO SEE INSTRUCTIONS  AMENDMENT (COLL.)	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION  i. check only one box.	7f. JURISDICTION OF ORGANIZATION	STATE 7g. ORG	POSTAL CODE	COUNTR	
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7a. ORGANIZATION'S NOT THE TOTAL TOT	ADD'L INFO RE ORGANIZATION DEBTOR  ATERAL CHANGE added.	7e. TYPE OF ORGANIZATION  2): check only one box. or give entire restated collate.  ORD AUTHORIZING THIS AM	7f. JURISDICTION OF ORGANIZATION	state 7g. ORG	ANIZATIONAL ID #, if any	COUNTR	
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