NAME & PHONE OF CONTACT AT FILER [optional]  SEND ACKNOWLEDGMENT TO: (Name and Address)			201302228000084740 of Probate; CERT 20130228000084740 of PM FILED; CERT Shelby Cnty 01:32:07 PM FILED 02/28/2013		
605 RICHA	GAS CORPORATION RD ARRINGTON JR BI IAM, AL 35203				
		THE ABOVE S	SPACE IS FO	R FILING OFFICE USE	ONLY
NITIAL FINANCING STATEMENT FILE#			1b. This FINANCING STATEMENT AMENDMEN to be filed [for record] (or recorded) in the		
0111116000346370 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with resp		s terminated with respect to security interest(s) of t	REAL ESTATE RECORDS.  ect to security interest(s) of the Secured Party authorizing this Termination Statement.		
CONTINUATION: Effectiveness of the	Financing Statement identified above	ve with respect to security interest(s) of the Secu			
continued for the additional period provide	ed by applicable law.			· · · · · · · · · · · · · · · · · · ·	
		address of assignee in item 7c; and also give name			<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
AMENDMENT (PARTY INFORMATION Also check <u>one</u> of the following three boxes <u>an</u>		btor or Secured Party of record. Check onlitems 6 and/or 7.	y <u>one</u> or these i	wo boxes.	
CHANCE name and/or address: Give curr	ent record name in item 6a or 6b; also	o give new DELETE name: Give record r	ame	D name: Complete item 7a n 7c; also complete items 7	or 7b, and a
name (if name change) in item 7a or 7b and CURRENT RECORD INFORMATION:	d/or new address (if address change)	) In stelli 7C. Lato be deleted in stelli od or ob.		11 10, 4100 0011,01010 1011	
6a. ORGANIZATION'S NAME					
65 INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
6b. INDIVIDUAL'S LAST NAME  ABBOTT		JEREMIAH	F		
	TION:				
CHANGED (NEW) OR ADDED INFORMATON. ORGANIZATION'S NAME	IOIN.		·····		
			·		
7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
		CITY (	STATE	POSTAL CODE	COUNT
MAILING ADDRESS 11 N LAKE RD		BIRMINGHAM	AL	35242	US
ADD'L INFO RE ORGANIZATION	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION		ANIZATIONAL ID #, if any	
DEBTOR	E): check only one box.				
AMENIOMENT/COLLATERAL CHANG					
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