	S (front and back) CAREFULLY CONTACT AT FILER [optional]				
L. SMITH 404-5	<u>-</u> - · · · · · · · · · · · · · · · · · ·				
. SEND ACKNOWLED	SMENT TO: (Name and Address)				
CITIZENS	TRUST BANK				
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P.O. BOX 448 ATLANTA, GA 30302			20130516000202280 17 Tobate, AL Shelby Cnty Judge of Probate, AL 05/16/2013 10:41:09 AM FILED/CERT		
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	ffectiveness of the Financing Statement iden Effectiveness of the Financing Statement i				
continued for the add	itional period provided by applicable law.				
	or partial): Give name of assignee in item				
	Y INFORMATION): This Amendment af owing three boxes <u>and</u> provide appropriate in		Party of record. Check onl	y <u>one</u> of these two boxes.	
	r address: Give current record name in item e) in item 7a or 7b and/or new address (if add		LETE name: Give record r	ame ADD name: Complete	item 7a or 7b, and also
CURRENT RECORD IN		dress change) in item /c.	be deleted in item 6a or 6b.	item 7c; also complete	items /d-/g (if applica
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