UCC FINANCING STATEMENT AMENDME	=NIT				
FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)	-1 % 1				
Prepared By: Sarah Stewart 662-620-3753					
B. E-MAIL CONTACT AT FILER (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	20130719000293790 1/1 \$29.00 Shelby Cnty Judge Of D				
BancorpSouth Bank P.O. Box 4360 Tupelo, MS 38803		07/19/20	000293790	00 te, AL ED/CERT	
			SPACE IS FOR FILING	····	'''
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20081333000472810 12/22/2008	(or recorded) in the	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13			
2. TERMINATION: Effectiveness of the Financing Statement identified Statement	above is terminate				
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate affect		_	ame of Assignor in item 9		
4. CONTINUATION: Effectiveness of the Financing Statement identification continued for the additional period provided by applicable law			f Secured Party authorizing	this Continuation	n Statement is
5. PARTY INFORMATION CHANGE:					
Check the of these two boxes.	k <u>one</u> of these three CHANGE name and/	e boxes to: or address: Complete m 7a or 7b <u>and</u> item 7c 7a	D name: Complete item		Give record name
This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information			or 7b, <u>and</u> item 7c	to be deleted in it	tem 6a or 6b
6a. ORGANIZATION'S NAME	- Piction Ci			<u> </u>	<u> </u>
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Harris	Micha	el	J		
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In 7a ORGANIZATION'S NAME	formation Change - prov	ide only <u>one</u> name (7a or 7b) (use exac	t, full name; do not omit, modify, or a	bbreviate any part of	the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME	· - · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
INDIVIDUAL'S FIRST PERSONAL NAME	 		·		······································
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	•				SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL C	ODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE covered colla	teral A	SSIGN collateral
Indicate collateral:					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THI	S AMENDMENT vide name of author		9b) (name of Assignor, if this	is an Assignme	nt)
9a. ORGANIZATION'S NAME Donocoro Correb Donole					<u> </u>
OR BancorpSouth Bank 9b INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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