| A. NAME & PHONE OF CONTACT AT FILER [optional] Corporation Service Company 1-800-858-5294 B. SEND ACKNOWLEDGMENT TO: (Name and Address) 79570015 - 347950 | | | | 20130912000370130 1/1 \$.00 Shelby Cnty Judge of Probate, AL | | | |
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| a INITIAL FINANCIN | G STATEMENT FILE# | | | | | R FILING OFFICE US | |
| 20090915000351710 9/15/2009 | | | | to be filed [for record] (or recorded REAL ESTATE RECORDS. | | | orded) in the |
| TERMINATIO | N: Effectiveness of the Fina | ancing Statement identified above is | s terminated with respect to see | curity interest(s) of the Sec | ured Pari | ty authorizing this Termina | tion Statement, |
| | ON: Effectiveness of the F e additional period provided | inancing Statement identified above by applicable law. | ve with respect to security inte | rest(s) of the Secured Pa | rty autho | rizing this Continuation S | tatement is |
| | | e of assignee in item 7a or 7b and a | address of assignee in item 7c; | and also give name of ass | ignor in i | tem 9. | |
| | | | | record. Check only <u>one</u> o | | | |
| Also check one of the | e following three boxes and | provide appropriate information in it | | <u>.</u> | *** *** | A 1. 0 7 7 | |
| | and/or address: Please refer to nging the name/address of a pa | | DELETE name: Give red to be deleted in item 6a | | ADD na | ame: Complete item 7a or 7 mplete items 7e-7g (if applic | b, and also item / cable). |
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| UZ. OROANIZATI | ON ON AND IVIA VERY | ON EINTERPRISES L | .LC | | | | |
| R 66. INDIVIDUAL'S | LAST NAME | | FIRST NAME | N | AIDDLE N | IAME | SUFFIX |
| | | | | | | | |
| | OR ADDED INFORMATIO | ON: | | | | | |
| 7a. ORGANIZATI | DN'S NAME | | | | | | |
| 7b. INDIVIDUAL'S LAST NAME | | | FIRST NAME | | MIDDLE NAME | | SUFFIX |
| | | | | | | | <u> </u> |
| . MAILING ADDRESS | | | CITY | 5 | STATE | POSTAL CODE | COUNTRY |
| . <u>SEE INSTRUCTIONS</u> ADD'L INFO RE 7e. TYPE OF ORGAN | | 7e, TYPE OF ORGANIZATION | N 7f. JURISDICTION OF ORGANIZATION | | 7g. ORGANIZATIONAL ID #, if any | | |
| | ORGANIZATION DEBTOR | | | | Γ | | П |
| AMENDMENT (C | OLLATERAL CHANGE) | : check only <u>one</u> box. | | <u> </u> | | | |
| - | | or give entire restated collatera | al description, or describe col | lateral assigned. | | | |
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