ICC EINIANICIN	IG STATEMENT AMENDMEN	T			
	NS (front and back) CAREFULLY				
A. NAME & PHONE OF WENDY FOSTE	CONTACT AT FILER [optional] R (662)290-1064				
· · · · · · · · · · · · · · · · · · ·	OGMENT TO: (Name and Address)				
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IRENASAN P. O. BOX		1			
	KO, MS 39090		201310210	00417450 1/1 \$ 00 ty Judge of Proba) ate, AL
			10/21/201	3 03:10:46 PM FIL	_ED/CERT
1			THE ABOVE SPA	CE IS FOR FILING OFF	
1a. INITIAL FINANCING ST 2012020900004				to be filed [for record	TATEMENT AMENDMENT is d) (or recorded) in the
	Effectiveness of the Financing Statement identified above is	s terminated with respe	ct to security interest(s) of the S	REAL ESTATE REC	
3. CONTINUATION	: Effectiveness of the Financing Statement identified about the continuous control of the Education of the E				
	ull or partial): Give name of assignee in item 7a or 7b and a	address of assignee in	tem 7c; and also give name of	assignor in item 9.	
	TY INFORMATION): This Amendment affects Del		Party of record. Check only on		<u>.,</u>
	اسا Blowing three boxes <u>and</u> provide appropriate information in it	•			
CHANGE name and name (if name chan	or address: Give current record name in item 6a or 6b; also ge) in item 7a or 7b and/or new address (if address change)	give new DE in item 7c. to	LETE name: Give record name e deleted in item 6a or 6b.		lete item 7a or 7b, and also lete items 7d-7g (if applicabl
6. CURRENT RECORD	······································				
6a. ORGANIZATION'S ALI FOOD MA					
OR 6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME SUFFIX	
7. CHANGED (NEW) OF	R ADDED INFORMATION:				
7a. ORGANIZATION'S	SNAME				
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME SUFFIX	
	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION	OF ORGANIZATION	7g. ORGANIZATIONAL II	D#, if any
	DEBTOR				NO
	LATERAL CHANGE): check only <u>one</u> box. deleted or added, or give entire restated collaters	al description or desc	ribe collateral Dassigned		
Describe collateral	deleted ofadded, or give entirerestated collaters	ar description, or desc	Tibe consteraiassigned.		
	D PARTY of RECORD AUTHORIZING THIS AME				
	he authorizing Debtor, or if this is a Termination authorized	by a Debtor, check her	and enter name of DEB	TOR authorizing this Amen	dment.
9a. ORGANIZATION'S) አ ለሮው	C & EADMEDC DAI	NIK.	
OR 9b. INDIVIDUAL'S LA	ST NAME	FIRST NAME	o & FARWERS BAI	NK MIDDLE NAME	SUFFIX
PO. INDIVIDUAL S LA	OI MANIE	I IKO I NAME			
10 OPTIONAL FILER REFE	RENCE DATA		 	<u></u>	
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