

NAME & PHONE OF CONCINDY THOMAS 20 SEND ACKNOWLEDGME	)5-326-8299							
SEND ACKNOWLEDGME	V	<b>,</b>						
	NT TO: (Name	and Address)						
			•					
		S CORPORATIO				0 1/1 \$.00 e of Probate, AL		
		ARRINGTON JR	BLVD N		-	:27 PM FILED/CERT	•	
BIKN	/INGHAM	, AL 35203						
				THE ABOVE S		R FILING OFFICE USE		
a. INITIAL FINANCING STATEMENT FILE #					to t	s FINANCING STATEMENT be filed [for record] (or recor		
20100430000132640  TERMINATION: Effectiveness of the Financing Statement identified above is				th respect to security interest(s) of th	ومستوطئنانانانانا	REAL ESTATE RECORDS.  Secured Party authorizing this Termination Statement.		
				t to security interest(s) of the Secur				
continued for the additional	al period provider	by applicable law.			<u>, , , , , , , , , , , , , , , , , , , </u>			
ASSIGNMENT (full or p	artial): Give nam	ie of assignee in item 7a or	7b and address of assi	gnee in item 7c; and also give name	of assignor in	item 9.		
AMENDMENT (PARTY IN	IFORMATION)	: This Amendment affects	Debtor <u>or</u> S	ecured Party of record. Check only	one of these	two boxes.		
Also check one of the following CHANGE name and/or add	drass: Give curre	ot record name in item 6a o	r 6b: also give new	7.  DELETE name: Give record na	me 🗀 Al	DD name: Complete item 7a	a or 7b, and also	
name (if name change) in i	item 7a or 7b and	/or new address (if address	change) in item 7c.	to be deleted in item 6a or 6b.	ite	m 7c; also complete items	7d-7g (if applicat	
6a. ORGANIZATION'S NAM			····	<u></u>	<u>-</u>			
6b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME SUFFIX			
SNIPES		<u> </u>	JA'MA	JA'MARCUS				
CHANGED (NEW) OR ADD		ON:						
7a. ORGANIZATION'S NAM	16							
7b. INDIVIDUAL'S LAST NAME		FIRST NAME				SUFFIX		
c. MAILING ADDRESS			CITY			POSTAL CODE	COUNTRY	
2325 BUCKINGHAM PL			HELENA  TION 7f. JURISDICTION OF ORGANIZATION		AL 70 OBG	35080-3334 SANIZATIONAL ID #, if any	US	
	ORGANIZATION	7e. TYPE OF ORGANIZAT	ION M. JURISD	ICTION OF ORGANIZATION	rg. Orto	MINIZATIONAL ID #, II dity		
	DEBTOR						NC	
AMENDMENT (COLLATE	ERAL CHANGE	:): check only one box.	t collateral description	or describe collateral assigne	d.			
Describe collateraldelete	or added,	or give entirerestated	i conateral description,	Of describe consteraiassigne	<b>u</b> .			
NAME OF SECURED D	ARTY OF REC	ORD AUTHORIZING TI	HIS AMENDMENT (	name of assignor, if this is an Assign	ment). If this i	s an Amendment authorized	by a Debtor which	
				name of assignor, if this is an Assignate here and enter name of D			l by a Debtor whi	
	thorizing Debtor,						l by a Debtor whi	
adds collateral or adds the aut	thorizing Debtor, ME	or if this is a Termination at				orizing this Amendment.	l by a Debtor whi	