	C FINANCING STATEMEN LOW INSTRUCTIONS	T AMENDMEN					
	NAME & PHONE OF CONTACT AT FILER William Parker 256-381-9112						
	E-MAIL CONTACT AT FILER (optional)						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)							
ſ	Alabama Central Credit Unio	n		20140611000	176900 1/1 \$.00		
	743 E. Avalon Ave. Muscle Shoals, AL 35674			06/11/2014 (Judge of Probate, AL 02:19:38 PM FILED/CERT	•	
	Muscle Bildais, Ind Door w		•				
l				THE ABOVE SPACE	CE IS FOR FILING OFFICE US	SE ONLY	
	INITIAL FINANCING STATEMENT FILE NUMBER	₹		1b. This FINANCING STATEM	MENT AMENDMENT is to be filed	[for record]	
	0070131000046080	anian Chahaman idan idan idan da abaw	a is torminated w	Filer: <u>attach</u> Amendment Add	endum (Form UCC3Ad) <u>and</u> provide D		
2.	TERMINATION: Effectiveness of the Finar Statement	ncing Statement identified above	e is terminated w	inth respect to the security interes	it(s) of Secured Party authorizing	uns remination	
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8							
4. [CONTINUATION: Effectiveness of the Firecontinued for the additional period provided		ove with respect	to the security interest(s) of Secu	ured Party authorizing this Continu	uation Statement is	
5.	PARTY INFORMATION CHANGE:	AND Chack and	of those three he	avae ta:			
	theck <u>one</u> of these two boxes: his Change affects Debtor <u>or</u> Secured Pa	<u>AND</u> Check <u>one</u> CHANG arty of record item 68	GE name and/or a	iddress: Complete — ADD nam		ne: Give record name I in item 6a or 6b	
6. (CURRENT RECORD INFORMATION: Com						
ļ	6a. ORGANIZATION'S NAME						
OR	6b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	
	Gallman		David		Ellen Gallman	A (1) (2) (1)	
7. (7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME						
OR	7b. INDIVIDUAL'S SURNAME						
70. HADIVIDORES SURIMANIE							
	INDIVIDUAL'S FIRST PERSONAL NAME	······································					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIA	AL(S)				SUFFIX	
7c	MAILING ADDRESS	· ····	CITY	· · · · · · · · · · · · · · · · · · ·	STATE POSTAL CODE	COUNTRY	
, 0.							
8. [COLLATERAL CHANGE: Also check one Indicate collateral:	of these four boxes: ADD	collateral	DELETE collateral R	ESTATE covered collateral	ASSIGN collateral	
	!						
9. 1	NAME OF SECURED PARTY OF REÇO	RD AUTHORIZING THIS AN	MENDMENT: P	rovide only <u>one</u> name (9a or 9b) (n	ame of Assignor, if this is an Assign	nment)	
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME							
	Alabama Central Credit Union						
OR			FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S	SUFFIX	
10.	OPTIONAL FILER REFERENCE DATA:						