UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	T				
A. NAME & PHONE OF CONTACT AT FILER (optional) JAMIE STEVENS 205-884-1520					
B. E-MAIL CONTACT AT FILER (optional)	·				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		20141001000307830 1/1 \$.00			
UNION STATE BANK P.O. BOX 647 PELL CITY, AL. 35125				ty Judge of Proba 4 12:45:29 PM FIL	
		THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20031230000832800	1	b. This FINANCING STATEM (or recorded) in the REAL Filer, attach Amendment Add	ESTATE I	-	-
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement					
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 Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law					
5. PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME					
OR 6b. INDIVIDUAL'S SURNAME ODDO	FIRST PERSONAL NAME ANTHONY		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
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					
INDIVIDUAL'S FIRST PERSONAL NAME		·			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
Indicate collateral:	collateral				ASSIGN collateral
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM If this is an Amendment authorized by a DEBTOR, check here and provide not only one of the provide not on	MENDMENT: Property ame of authorizing		ame of As	signor, if this is an Assignme	nt)
UNION STATE BANK	I CIBOT BETT		T		
9b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:	· · · · · · · · · · · · · · · · · · ·				