FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-	-858-5294			
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Addres	;s)			
91937636 - 358370		201410080003	16450 1/1 \$.00 Judge of Probate	
Corporation Service Company 801 Adlai Stevenson Drive		10/08/2014 (9:51:17 AM FILED	/CERT
Springfield, IL 62703-4261	Filed In: Alabama (Shelby)	THE ADOME OF 10 F	00 FU NIO 055105 110	
1a. INITIAL FINANCING STATEMENT FILE NUMBER		THE ABOVE SPACE IS F 1b. This FINANCING STATEMENT AN (or respected) in the REAL ESTATE		·
1999-27727 cont'd: 20090107000004650 07/02/1999		(or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item		
 TERMINATION: Effectiveness of the Financing Statem Statement 	ent identified above is terminated v	ith respect to the security interest(s) of S	ecured Party authorizing t	this Termination
3. ASSIGNMENT (full or partial): Provide name of Assign For partial assignment, complete items 7 and 9 <u>and</u> also it			or in item 9	
4. CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applicable		to the security interest(s) of Secured Par	ty authorizing this Continu	uation Statement is
Check one of these two boxes: This Change affects Debtor or Secured Party of record CURRENT RECORD INFORMATION: Complete for Party 6a. ORGANIZATION'S NAME JABCO, L.L.C.		ddress: Complete ADD name: Complete 7a or 7b, <u>and</u> item	olete item DELETE nan 7c to be deleted	ne: Give record nar in item 6a or 6b
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME ADDITI	ONAL NAME(S)/INITIAL(S)) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assign 7a. ORGANIZATION'S NAME	nment or Party Information Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, full name; do not	omit, modify, or abbreviate any pa	art of the Debtor's name
7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME	<u></u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
7c. MAILING ADDRESS B. COLLATERAL CHANGE: Also check one of these four			POSTAL CODE covered collateral	
3. OOLLATERAL CHANGE: Also check one of these four				
O. NAME OF SECURED PARTY OF RECORD AUTHOR If this is an Amendment authorized by a DEBTOR, check here	boxes: ADD collateral RIZING THIS AMENDMENT: Pr	DELETE collateral RESTATE rovide only one name (9a or 9b) (name of A	covered collateral	ASSIGN collater
COLLATERAL CHANGE: Also check one of these four Indicate collateral: NAME OF SECURED PARTY OF RECORD AUTHOR	boxes: ADD collateral RIZING THIS AMENDMENT: Pr	DELETE collateral RESTATE rovide only one name (9a or 9b) (name of A	covered collateral	ASSIGN collater

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10. OPTIONAL FILER REFERENCE DATA: Debtor: JABCO, L.L.C. - wr 460003 / 0010 ncw