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## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

1 Q L L Q 1 1 1 1 1 1 1 1 1 0 0 1 1 0 1 1 0	
A. NAME & PHONE OF CONTACT AT FILER (optional)  Corporation Service Company 1-800-858-9	5294
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
96402217 - 347950 Prepared By:	
Corporation Service Company	
801 Adlai Stevenson Drive	Filed In: Alabama
Springfield, IL 62703-4261	(Shelby)
1a. INITIAL FINANCING STATEMENT FILE NUMBER	•
20100714000223520 7/14/2010	

20150223000056290 1/1 \$31.00 Shelby Cnty Judge of Probate, AL
02/23/2015 01:43:58 PM FILED/CERT

96402217 - 347950 Prepared By: Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703-4261	Filed In: Alabama (Shelby)			OR FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20100714000223520 7/14/2010		1b. This FINANCING ST. (or recorded) in the Filer: attach Amendmen	CEAL EQUALE	ENDMENT is to be filed [for RECORDS or UCC3Ad) and provide Debt	
TERMINATION: Effectiveness of the Financing Statement identi- Statement	fied above is terminated	with respect to the security in	nterest(s) of Se	cured Party authorizing this	s Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item For partial assignment, complete items 7 and 9 and also indicate a			me of Assigno	r in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law	ntified above with respec	t to the security interest(s) of	Secured Party	authorizing this Continuati	on Statement is
Check one of these two boxes.		address: Complete 7a or 7b <u>and</u> item 7c7a o	name: Compler 7b, <u>and</u> item 7	ete item DELETE name: 'c to be deleted in	Give record name item 6a or 6b
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa  7a. ORGANIZATION'S NAME  OR  7b. INDIVIDUAL'S SURNAME	rty Information Change - provide	only <u>one</u> name (7a or 7b) (use exact,	full name; do not o	mit, modify, or abbreviate any part o	of the Debtor's name)
INDIVIDUAL'S FIRST PERSONAL NAME	· · · · · · · · · · · · · · · · · · ·		<del></del>	• <del>•••</del> ••••••••••••••••••••••••••••••••	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	<u> </u>	· ·		· ·	SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN collateral
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and  9a. ORGANIZATION'S NAME Servis First Bank	THIS AMENDMENT: For provide name of authorizing		b) (name of As	signor, if this is an Assignme	∍nt)
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA::11717					00400047

96402217