A NAME & PHONE OF CONT ACT AT FILLER (optional) Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILLER (optional) SPRFIIng@CScinfo.com C. SEND ACKNOWLEDSMENTTO: (Name and Address) 100426427 - 363950 Corporation Service Company S01 Adial Stevenson Drive Springfield, II. 62703 Filed In: Alabama (Shelby) INTINE FINANCING STATEMENT FILE NUMBER 20100813000258740 08/13/2010 I. J. THE RINANCING STATEMENT FILE NUMBER 20100813000258740 08/13/2010 I. J. THE RINANCING STATEMENT AMENDMENT is to be filed for recording in recorded in the Real Address of Service Company S01 Adial Stevenson Drive Springfield, II. 62703 II. J. THE RINANCING STATEMENT AMENDMENT is to be filed for recording in recorded in the Real Address of Service Company S01 Adial Stevenson Drive Size interests Siz	OLLOWINSTRUCTIONS	:NT				
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Corporation Service Company 801 Actal Stevenson Drive Springfield, IL 62703 Filed In: Alabama (Shelby) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY a. INITIAL FINANCING STATEMENT FILE NUMBER 20100813000258740 08/13/2010 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY a. INITIAL FINANCING STATEMENT AMENDMENT is to be filed flor record) (or recorded) in the REAL ESTATE RECORD) Filed Statement Identified above is terrainated with respect to the security interest(s) of Secured Party authorizing this Termination Statement, complete items 7 and 9 and also indicate affected collaboral in item 8 ASSIGNMENT (rull or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7a and in item 8 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 phenod provided by applicable law ADD 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 phenod provided by applicable law ADD Check one of these times boxes to: Check age of these was boxes: AND Check one of these times boxes to: Check age of these was boxes: AND Check one of these times boxes to: Check age of these was boxes: AND Check one of these times boxes to: Check age of these was boxes: AND Check one of these times boxes to: Check age of these was boxes: AND Check one of these times boxes to: Check age of these was boxes: AND Check one of these times boxes to: Check age of these was boxes: AND Check one of these times boxes to: Check age of these was boxes: AND Check one of these times boxes to: Check age of these was boxes: AND Check one of these times boxes to: ADD name. Complete from Deleter on the filed boxes and the part of the Deleter states of the Emericance of the Secure of	· · · · · · · · · · · · · · · · · · ·					
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9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment)	EVANS 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 3. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	CITY ADD collateral	DELETE collateral	full name; do not omit, modify, STATE POSTA RESTATE covered of	al CODE	SUFFIX COUNTRY ASSIGN collateral
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If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME Preferred Credit, Inc	EVANS 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info Ta. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS if this is an Amendment authorized by a DEBTOR, check here and proving a ORGANIZATION'S NAME Preferred Credit, Inc.	CITY ADD collateral S AMENDMENT: vide name of authorize	Provide only one name (9a or 9a or 9	full name; do not omit, modify, STATE POSTA RESTATE covered of Assignor, if	at CODE collateral	SUFFIX COUNTRY ASSIGN collateral

UCC FINANCING STATEMENT AMENDMENT ADDENDUM **FOLLOW INSTRUCTIONS** Shelby Cnty Judge of Probate, AL 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 20100813000258740 08/13/2010 06/09/2015 11:29:06 AM FILED/CERT 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME Preferred Credit, Inc. 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUFFIX ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit 13a. ORGANIZATION'S NAME ADDITIONAL NAME(S)/INITIAL(S) 13b. INDIVIDUAL'S SURNAME SUFFIX FIRST PERSONAL NAME DAVID EVANS ĮΑ 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

15. This FINANCING STATEMENT AMENDMENT:	17. Description of real estate:
covers timber to be cut covers as-extracted collateral is filed as a fixture filing	LOT 46 BOOK 25 PAGE 134 CEDARS
16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):	
DAVID A EVANS	APN: 09-3-07-0-00-046-000
112 KATY CIRCLE	
	SHELBY COUNTY AL
BRIMINGHAM, AL 35242	

18. MISCELLANEOUS: