JCC FINANCING STATEMENT AMENDI	WENT			•
OLLOWINSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) TIFFANY MCVAY 251-275-4111				
B. E-MAIL CONTACT AT FILER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		Shelby C	000272380 1/1 \$.00 Inty Judge of Probate, AL	
FIRST US BANK		08/0//20	15 10:35:53 AM FILED/CERT	
FIRST US BAINK FKA FIRST UNITED SECURITY BANK	1			
131 WEST FRONT STREET				
P O BOX 249 THOMASVILLE AL 36784				
a. INITIAL FINANCING STATEMENT FILE NUMBER	1		SPACE IS FOR FILING OFFICE USE ATEMENT AMENDMENT is to be filed [for	
20120927000368980		(or recorded) in the F	REAL ESTATE RECORDS nt Addendum (Form UCC3Ad) <u>and</u> provide Debte	•
TERMINATION: Effectiveness of the Financing Statement identity Statement	fied above is terminated wit	th respect to the security in	nterest(s) of Secured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item For partial assignment, complete items 7 and 9 and also indicate a			me of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law	entified above with respect to	o the security interest(s) of	f Secured Party authorizing this Continuati	on Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes:	Check <u>one</u> of these three box —— CHANGE name and/or ad item 6a or 6b; <u>and</u> item 7a	Idress: CompleteADI	D name: Complete itemDELETE name: or 7b, and item 7cto be deleted in	
This Change affects Debtor or Secured Party of record CURRENT RECORD INFORMATION: Complete for Party Information			or 7b, and item 7c to be deleted in	item oa or ob
6a. ORGANIZATION'S NAME				
6b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa	atu Information Change - provide on			
7a. ORGANIZATION'S NAME	inty information Change - provide on	ily <u>one</u> name (7a or 7b) (use exact,	full name; do not omit, modify, or abbreviate any part of	of the Debtor's name)
7a. ORGANIZATION'S NAME	inty information Change - provide on	nly <u>one</u> name (7a or 7b) (use exact,	full name; do not omit, modify, or abbreviate any part of	of the Debtor's name
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7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME	inty information Change - provide on	nly <u>one</u> name (7a or 7b) (use exact,	full name; do not omit, modify, or abbreviate any part of	
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7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	CITY	aly <u>one</u> name (7a or 7b) (use exact,	STATE POSTAL CODE	
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME	CITY		STATE POSTAL CODE	SUFFIX
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:	CITY		STATE POSTAL CODE	SUFFIX
7a. 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:	CITY		STATE POSTAL CODE	SUFFIX
7a. 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:	CITY		STATE POSTAL CODE	SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 7c. COLLATERAL CHANGE: Also check one of these four boxes:	CITY		STATE POSTAL CODE	SUFFIX
7a. 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 If this is an Amendment authorized by a DEBTOR, check here and	CITY ADD collateral THIS AMENDMENT: Pro	DELETE collateral	STATE POSTAL CODE RESTATE covered collateral	SUFFIX COUNTRY ASSIGN collater
7a. 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 If this is an Amendment authorized by a DEBTOR, check here and 9a. ORGANIZATION'S NAME	CITY ADD collateral THIS AMENDMENT: Proliprovide name of authorizing	DELETE collateral ovide only <u>one</u> name (9a or	STATE POSTAL CODE RESTATE covered collateral	SUFFIX COUNTRY ASSIGN collatera
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