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) FIRST US BANK FIX A FIRST UNITED CECHDITY DANK					
		20150828000299440 1/1 \$.00 Shelby Cnty Judge of Probate, AL 08/28/2015 11:15:26 AM FILED/CERT			
FKA FIRST UNITED SECURITY BANK 131 WEST FRONT STREET		50,20,20,	O 11.10.20	, WILL TEED! OF!	
PO BOX 249 THOMASVILLE, AL 36784		1			
				R FILING OFFICE U	
a. INITIAL FINANCING STATEMENT FILE NUMBER 20150130000031520 (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's na					
2. TERMINATION: Effectiveness of the Financing Statement ident	tified above is terminate				
3. ASSIGNMENT (full or partial): Provide name of Assignee in ite			me of Assignor	in item 9	
For partial assignment, complete items 7 and 9 and also indicate 4. CONTINUATION: Effectiveness of the Financing Statement identification continued for the additional period provided by applicable law			Secured Party	authorizing this Contin	nuation Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two poxes.	Check one of these three	or address: CompleteADD	Diname: Comple or 7b, <u>and</u> item 7	ete itemDELETE na	me: Give record named in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information			N TO, gilly item T		
6a. ORGANIZATION'S NAME					
6b. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or P	arty Information Change - prov	ide only <u>one</u> name (7a or 7b) (use exact,	full name; do not o	mit, modify, or abbreviate any	part of the Debtor's name)
7a. ORGANIZATION'S NAME					
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME	· .				
!			· · · · ·		SUFF!X
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	· · · · · · · · · · · · · · · · · · ·				
	CITY	· ·	STATE	TPOSTAL CODE	COUNTRY
	CITY		STATE	POSTAL CODE	COUNTRY
7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes:	CITY ADD collateral	DELETE collateral		POSTAL CODE	
7c. MAILING ADDRESS		DELETE collateral			
7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes:		DELETE collateral			<u> </u>
7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes:		DELETE collateral			<u> </u>
7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes:		DELETE collateral			<u> </u>
7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD collateral		RESTATE	covered collateral	ASSIGN collater
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	ADD collateral	: Provide only <u>one</u> name (9a or 9	RESTATE	covered collateral	ASSIGN collater
7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING	ADD collateral THIS AMENDMENT d provide name of author	: Provide only <u>one</u> name (9a or 9 rizing Debtor	RESTATE	covered collateral	ASSIGN collatera