UCC FINANCING STATEMENT AMENDM	ENT		 		
FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional) TIFFANY MCVAY 251-275-4111		Sh	helby Chty J	0620 1/1 \$.00 udge of Probat	
B. E-MAIL CONTACT AT FILER (optional)	· · · · · · · · · · · · · · · · · · ·		3/28/2015 12	:28:45 PM FILE	D/CERT
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
FIRST US BANK]			
FKA FIRST UNITED SECURITY BANK 131 WEST FRONT STREET					
PO BOX 249					
THOMASVILLE, AL 36784		THE ABOV	E SPACE IS FO	R FILING OFFICE L	JSE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER	(or recorded) in th	(or recorded) in the REAL ESTATE RECORDS			
20150218000051390 2. TERMINATION: Effectiveness of the Financing Statement identified	above is terminate				Debtor's name in item 13 this Termination
Statement					
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7. For partial assignment, complete items 7 and 9 and also indicate affe			name of Assignor	in item 9	,
4. CONTINUATION: Effectiveness of the Financing Statement identificant continued for the additional period provided by applicable law	ied above with resp	ect to the security interest(s)	of Secured Party	authorizing this Conti	nuation Statement is
5. PARTY INFORMATION CHANGE:	ck one of these three	e boxes to:			
Check one or these two boxes.	CHANGE name and/	or address: CompleteA	ADD name: Comple a or 7b, <u>and</u> item 7	te item DELETE na	ame: Give record name ed in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information	Change - provide or	ily <u>one</u> name (6a or 6b)			
6a. ORGANIZATION'S NAME					
6b. INDIVIDUAL'S SURNAME	FIRST PERS	IRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party I	nformation Change - prov	ide only <u>one</u> name (7a or 7b) (use ex	act, full name; do not o	mit, modify, or abbreviate any	part of the Debtor's name)
7a. ORGANIZATION'S NAME					
7b. INDIVIDUAL'S SURNAME	<u> </u>				
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				··	SUFFIX
7. MAHUNO ADDDECC	CITY	·	STATE	POSTAL CODE	COUNTRY
7c. MAILING ADDRESS	CITY		SIAIL	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN collateral
Indicate collateral:					
					<u>-</u>
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THE If this is an Amendment authorized by a DEBTOR, check here and present the pr			or 9b) (name of As	signor, if this is an Assi	gnment)
9a. ORGANIZATION'S NAME EIDCT IINITED CECTIDITY DANIZ NI	ZADIDOT	IIC DANIE			
FIRST UNITED SECURITY BANK NI 9b. INDIVIDUAL'S SURNAME		ONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S) SUFFIX
	; :			•	
10. OPTIONAL FILER REFERENCE DATA: SB DEV CORP LN#860003284/SHELBY CO JOP/	STEVE SMI	TH@CAI FD A			
BU DE A COMI LIMBOUUUS207/BHELDI CO JOF/		TIMOUNDERM			