UCC FINANCING STATEMENT AMENDMEN' FOLLOW INSTRUCTIONS	T	2015	082800030063		
A. NAME & PHONE OF CONTACT AT FILER (optional) TIFFANY MCVAY 251-275-4111		Shel	by Cnty Judg	ge of Probate, A 3:46 PM FILED/CE	
B. E-MAIL CONTACT AT FILER (optional)					
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			•		
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING S	TATEMENT AME		or record]
20150121000022180 2. TERMINATION: Effectiveness of the Financing Statement identified above	re is terminated			n UCC3Ad) <u>and</u> provide De ured Party authorizing th	- · ·
Statement			•		
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7l For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected c			name of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable taw	ove with respec	t to the security interest(s)	of Secured Party	authorizing this Continua	ation Statement is
5. PARTY INFORMATION CHANGE: Check one of those by a boyes: AND Check one	of these three t	oxes to:	,		
Check <u>one</u> of these two boxes: This Change affects Debtor <u>or</u> Secured Party of record item 6	IGE name and/or a or 6b; <u>and</u> item	address: Complete 7a or 7b <u>and</u> item 7c7a	DD name: Comple a or 7b, <u>and</u> item 7d	te item DELETE name to be deleted i	e: Give record name n item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Chan- 6a. ORGANIZATION'S NAME 51	ge - provide only	one name (6a or 6b)	·		
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informat 7a. ORGANIZATION'S NAME	tion Change - provide	only <u>one</u> name (7a or 7b) (use exa	ct, full name; do not on	nit, modify, or abbreviate any pa	t of the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
<u></u>) collateral	DELETE collateral	RESTATE c	overed collateral	ASSIGN collateral
Indicate collateral:					
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AI If this is an Amendment authorized by a DEBTOR, check here and provide r 			or 9b) (name of Ass	signor, if this is an Assigni	nent)
9a. ORGANIZATION'S NAME FIRST UNITED SECURITY BANK NKA	FIRST F	SBANK			· · · · · · · · · · · · · · · · · · ·
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSO		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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