	-				
UCC FINANCING STATEMENT AMENDI	1ENT				
FOLLOW INSTRUCTIONS  A. NAME & PHONE OF CONTACT AT FILER (optional)	<u></u> .	1			
TIFFANY MCVAY 251-275-4111	<u></u>				
B. E-MAIL CONTACT AT FILER (optional)		20151106	5000387	300 1/1 \$.00	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	<u> </u>	Shelby (	Cnty Ju	dge of Probate, 41:13 AM FILED/	AL CERT
FIRST US BANK					
FKA FIRST UNITED SECURITY BANK 131 WEST FRONT STREET					
PO BOX 249					
THOMASVILLE, AL 36784		THE ABOVE SPACE	CE IS FO	R FILING OFFICE US	E ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STATEM	ENT AME	NDMENT is to be filed [	
20150415000121450 (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13					
2. TERMINATION: Effectiveness of the Financing Statement identification Statement	ied above is terminated v	vith respect to the security interes	t(s) of Sec	cured Party authorizing t	this Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item For partial assignment, complete items 7 and 9 and also indicate as	7a or 7b, <u>and</u> address of fected collateral in item	f Assignee in item 7c <u>and</u> name of	f Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement ider continued for the additional period provided by applicable law	ntified above with respect	to the security interest(s) of Secu	ired Party	authorizing this Continu	ation Statement is
5. PARTY INFORMATION CHANGE:	hook one of these three h		· · · · · · · · · · · · · · · · · · ·		
Check <u>one</u> of these two boxes:  This Change affects Debtor <u>or</u> Secured Party of record	heck <u>one</u> of these three be — CHANGE name and/or a item 6a or 6b; <u>and</u> item		e: Comple and item 7	te item DELETE nam	ne: Give record name in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information					
6a. ORGANIZATION'S NAME					
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S	) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Par 7a. ORGANIZATION'S NAME	ty Information Change - provide	only <u>one</u> name (7a or 7b) (use exact, full na	me; do not or	nit, modify, or abbreviate any p	art of the Debtor's name)
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
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral R	ESTATE c	overed collateral	ASSIGN collateral
Indicate collateral:					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING			ame of As	signor, if this is an Assigr	nment)
If this is an Amendment authorized by a DEBTOR, check here and 9a. ORGANIZATION'S NAME	provide name of authorizing	ng Deptor	<del> </del>	· · · · · · · · · · · · · · · · · · ·	
FIRST UNITED SECURITY BANK N			T		<u> </u>
9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	) SUFFIX
10. OPTIONAL FILER REFERENCE DATA:	. l		1		

LN#860003439/SB DEVELOPMENT/STEVE SMITH