	al) 00-858-5294			i - 111 1		
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com			20151130000408880 1/1 \$ 00			
C. SEND ACKNOWLEDGMENT TO: (Name and Add	dress)	Suetph (inty Juda	e of Dra	hata a	
108307134 - 347950		11/30/20	15 02:45	:29 PM F	ILED/CERT	
Corporation Service Company 801 Adlai Stevenson Drive						
Springfield, IL 62703	Filed In: Alabama					
	(Shelby)			\D EII INO	OFFICE USE C	SKU SZ
a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STATE			OFFICE USE C is to be filed [for r	
20120925000365810 09/25/2012		(or recorded) in the RE Filer: <u>attach</u> Amendment	AL ESTATE	KECOKD2		
TERMINATION: Effectiveness of the Financing Statement	itement identified above is terminated	with respect to the security into	erest(s) of Se	cured Party	authorizing this	Termination
. ASSIGNMENT (full or partial): Provide name of Ass For partial assignment, complete items 7 and 9 <u>and</u> al			e of Assigno	r in item 9		
CONTINUATION: Effectiveness of the Financing S continued for the additional period provided by applications.		ct to the security interest(s) of S	Secured Party	authorizin	this Continuation	n Statement
Check one of these two boxes: This Change affects Debtor or Secured Party of rec CURRENT RECORD INFORMATION: Complete for F 6a. ORGANIZATION'S NAME 2111 Parkway Off	Party Information Change - provide on	r address: Complete n 7a or 7b <u>and</u> item 7c7a or	name: Compl 7b, <u>and</u> item 7	ete item	DELETE name: (to be deleted in it	Give record r em 6a or 6b
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	DNAL NAME	ADDITIO	NAL NAME	(S)/INITIAL(S)	SUFFIX
. CHANGED OR ADDED INFORMATION: Complete for A 7a. ORGANIZATION'S NAME	Assignment or Party Information Change - provide	le only <u>one</u> name (7a or 7b) (use exact, fu	il name; do not o	mit, modify, or	abbreviate any part of	the Debtor's na
PR 7b. INDIVIDUAL'S SURNAME			· · · · · · · · · · · · · · · · · · ·		•	
INDIVIDUAL'S FIRST PERSONAL NAME	<u> </u>	<u></u>	<u></u>		•	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	······································	·				SUFFIX
. MAILING ADDRESS	CITY		STATE	POSTAL	CODE	COUNTR
					eteral A	SSIGN colla
COLLATERAL CHANGE: Also check one of these the set of t			RESTATE			
	HORIZING THIS AMENDMENT:	Provide only <u>one</u> name (9a or 9b				

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