UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	IT			
A. NAME & PHONE OF CONTACT AT FILER (optional) BARBARA G SANDERS 256-329-7578 74008	3514			
B. E-MAIL CONTACT AT FILER (optional)				
bsanders@usameribank.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)	· · · · · · · · · · · · · · · · · · ·			
USAMERIBANK PO BOX 1237		201601120000	11280 1/1 \$.00 Judge of Probate, AL	
ALEXANDER CITY, AL 35011		01/12/2016 1	1:11:07 AM FILED/CERT	
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		THE ABOVE SPA	ACE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER			MENT AMENDMENT is to be filed [fo	
20130731000311660 SHELBY CO.		Filer: <u>attach</u> Amendment Ad	ddendum (Form UCC3Ad) <u>and</u> provide Det	
 TERMINATION: Effectiveness of the Financing Statement identified ab Statement 	ove is terminated v	vith respect to the security intere	est(s) of Secured Party authorizing th	is Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or For partial assignment, complete items 7 and 9 and also indicate affected			of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	above with respect	to the security interest(s) of Se	cured Party authorizing this Continua	tion Statement is
5. PARTY INFORMATION CHANGE:				
uneck one of these two poxes:	one of these three be ANGE name and/or a		me: Complete itemDELETE name o, <u>and</u> item 7cto be deleted in	: Give record name
			o, <u>and</u> item 7cto be deleted in	n item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Ch 6a. ORGANIZATION'S NAME	ange - provide only	one (oa or ob)	·- ·	
Chappell Development, Inc.				
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information of the Complete for Assignment	nation Change - provide	only <u>one</u> name (7a or 7b) (use exact, full i	name; do not omit, modify, or abbreviate any part	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
TO. WITH TO ADDITION				000.
8. COLLATERAL CHANGE: Also check one of these four boxes: A	DD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collatera
Indicate collateral:				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS			(name of Assignor, if this is an Assignm	nent)
If this is an Amendment authorized by a DEBTOR, check here and provide 9a. ORGANIZATION'S NAME	e name of authorizin	g Debtor		<u>.</u>
USAMERIBANK as successor by merger	to Aliant E	ank		
9b. INDIVIDUAL'S SURNAME	FIRST PERSON		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:				