					
B. E-MAIL CONTACT AT FILER (optional) twg@gloorstrickland.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			20160211000044350	/1 \$.00	
		7	Shelby Cnty Judge 0 02/11/2016 12:39:29	of Probate: AL PM FILED/CERT	
		THE ABOV	E SPACE IS FOR FILING OFFICE	JSE ONLY	
NITIAL FINANCING STATEMENT FILE NUMBER 070625000297130		(or recorded) in the	STATEMENT AMENDMENT is to be file		
TERMINATION: Effectiveness of the Financing Statement identi	ified above is terminat		ment Addendum (Form UCC3Ad) and provide ty interest(s) of Secured Party authorizing		
Statement Also Amendment Continuation 20120118000	021750				
ASSIGNMENT (full or partial): Provide name of Assignee in item For partial assignment, complete items 7 and 9 and also indicate a	n 7a or 7b, <u>and</u> addres iffected collateral in its	ss of Assignee in item 7c <u>and</u> em 8	name of Assignor in item 9		
CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law	ntified above with res	pect to the security interest(s	s) of Secured Party authorizing this Conf	inuation Statement is	
PARTY INFORMATION CHANGE:	· · · • · · • · · · · · · · · · · · · ·				
neck <u>one</u> of these two boxes: <u>AND</u> C	heck <u>one</u> of these thre		ND name: Complete item - DELETE -		
		em 7a or 7b <u>and</u> item 7c 7	ADD name: Complete item DELETE name	me: Give record name ed in item 6a or 6b	
URRENT RECORD INFORMATION: Complete for Party Information Comp	ion Change - provide o	nly <u>one</u> name (6a or 6b)			
6b. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	
HANGED OR ADDED INFORMATION: Complete for Assignment or Part	ty Information Change - prov	ide only one name (7a or 7b) (use ex	act_full_name: do not omit_modify_or abbreviate any	nart of the Debtor's name)	
7a. ORGANIZATION'S NAME			and the state of t	part of the Debtor's name;	
7b. INDIVIDUAL'S SURNAME				<u> </u>	
INDIVIDUAL'S FIRST PERSONAL NAME	····			<u> </u>	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	<u> </u>	·		SUFFIX	
		· · · · · · · · · · · · · · · · · · ·	STATE POSTAL CODE	4	
IAILING ADDRESS	CITY			COUNTRY	
AILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE covered collateral	COUNTRY ASSIGN collateral	