UCC FINANCING STATEMENT AN	/FNDMENT			
FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional Corporation Service Company 1-80)	I) 0-858-529 4			
B. E-MAIL CONTACT AT FILER (optional)				
SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Addr	ress)			
113081530 - 347950		201603210000	089410 1/1 \$ 00 Judge of Probate, AL	
Corporation Service Company 801 Adlai Stevenson Drive			11:49:45 AM FILED/CERT	
Springfield, IL 62703	Filed In: Alabama			
	(Shelby)	THE ABOVE SD	ACE IS FOR FILING OFFICE US	F ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER			EMENT AMENDMENT is to be filed [
20101102000366660 11/02/2010		(or recorded) in the rep-	AL ESTATE RECORDS ddendum (Form UCC3Ad) <u>aind</u> provide De	
2. TERMINATION: Effectiveness of the Financing State Statement	tement identified above is terminated	with respect to the security inter-	est(s) of Secured Party authorizing t	his Termination
ASSIGNMENT (full or partial): Provide name of Ass For partial assignment, complete items 7 and 9 and also	signee in item 7a or 7b, and address class indicate affected collateral in item	f Assignee in item 7c <u>and</u> name 8	of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Stochastic continued for the additional period provided by applications.	Statement identified above with respec		cured Party authorizing this Continu	ation Statement is
	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
5. PARTY INFORMATION CHANGE: Check one of these two boxes:	AND Check one of these three b			
This Change affects Debtor or Secured Party of reco	cord CHANGE name and/or a item 6a or 6b; and item	address: Complete 7a or 7b <u>and</u> item 7c 7a or 7b		e: Give record name in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for F	Party Information Change - provide only	one name (6a or 6b)	- w. +	
6a. ORGANIZATION'S NAME				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIONAL NAME(\$)/INITIAL(S)	SUFFIX
Mobiey	J.		Steven	
7. CHANGED OR ADDED INFORMATION: Complete for A	ssignment or Party Information Change - provide	only <u>one</u> name (7a or 7b) (use exact, full	name; do not omit, modify, or abbreviate any pa	art of the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
INDIVIDUAL'S FIRST PERSONAL NAME	12 ·			
				Toursiy
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING ADDRESS	CITY	· · · · · · · · · · · · · · · · · · ·	STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these to	four boxes: ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
Indicate collateral:	· • • • • • • • • • • • • • • • • • • •		•	
9. NAME OF SECURED PARTY OF RECORD AUT	HORIZING THIS AMENDMENT:	Provide only <u>one</u> name (9a or 9b)	(name of Assignor, if this is an Assign	nment)
If this is an Amendment authorized by a DEBTOR, check h		-		
9a. ORGANIZATION'S NAME ServisFirst Bank				
			1	
OR 9b. INDIVIDUAL'S SURNAME	TFIRST PERSOI	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
9b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)) SUFFIX
9b. INDIVIDUAL'S SURNAME 10. OPTIONAL FILER REFERENCE DATA: Debtor: .			ADDITIONAL NAME(S)/INITIAL(S)	1130815

113081530