| UCC FINANCING STATEMENT AMENDM FOLLOW INSTRUCTIONS | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------|--------------------------|----------------------------------------|----------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional) BARBARA G SANDERS 256-329-7578 7 | 4018866 | | | | |
| B. E-MAIL CONTACT AT FILER (optional) | | | | | |
| bsanders@usameribank.com | · - · · · · · · · · · · · · · · · · · · · | | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | | 301605 | 1800016984 | 0 1/1 \$ 00 | |
| USAMERIBANK | | Shelhy | / Chtv Judg | ge of Probate, 9:32 PM FILED/ | AL CFRT |
| PO BOX 1237 ALEXANDER CITY, AL 35011 | | Ø5 / 18 / | /2016 02:13 | 5: 32 FIT 1 12227 | |
| ALIEMANUEL CITT, ALE SOUL | | | | | |
| | | THE ABOVE | SPACE IS FO | R FILING OFFICE | USE ONLY |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER | | 1b. This FINANCING ST | ATEMENT AME | NDMENT is to be file | |
| 20110204000041160 Shelby County, A | AL | (or recorded) in the r | KEML EQIMIE | KECOKDO | e Debtor's name in item 13 |
| 2. TERMINATION: Effectiveness of the Financing Statement identified Statement | ed above is terminate | d with respect to the security in | nterest(s) of Se | cured Party authorizie | ng this Termination |
| 3. ASSIGNMENT (full or partial): Provide name of Assignee in item For partial assignment, complete items 7 and 9 and also indicate affects | | | me of Assignor | in item 9 | |
| 4. CONTINUATION: Effectiveness of the Financing Statement ident continued for the additional period provided by applicable law | | | f Secured Party | authorizing this Con | tinuation Statement is |
| 5. PARTY INFORMATION CHANGE: | | | | | |
| Check one of these two boxes: | eck <u>one</u> of these three - CHANGE name and/o | | D name: Comple | te itemDELETE | name: Give record name |
| This Change affects Debtor or Secured Party of record | item 6a or 6b; <u>and</u> ite | m 7a or 7b <u>and</u> item 7c7a | or 7b, <u>and</u> item 7 | to be dele | eted in item 6a or 6b |
| 6. CURRENT RECORD INFORMATION: Complete for Party Informatio | n Change - provide on | ily one name (6a or 6b) | | | |
| I 6a. ORGANIZATION'S NAME | | , <u></u> | <u> </u> | · ·· · · · · · · · · · · · · · · · · · | <u>. </u> |
| 6a. ORGANIZATION'S NAME Adtray Corporation | | | | | |
| Adtrav Corporation | FIRST PERS | | ADDITIO | NAL NAME(S)/INITIA | L(S) SUFFIX |
| Adtrav Corporation 6b. INDIVIDUAL'S SURNAME | | ONAL NAME | | | |
| Adtrav Corporation | | ONAL NAME | | | |
| Adtrav Corporation 6b. INDIVIDUAL'S SURNAME 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party | | ONAL NAME | | | |
| Adtrav Corporation 6b. INDIVIDUAL'S SURNAME 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party 7a. ORGANIZATION'S NAME | | ONAL NAME | | | |
| Adtrav Corporation 6b. INDIVIDUAL'S SURNAME 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME | | ONAL NAME | | | |
| Adtrav Corporation 6b. INDIVIDUAL'S SURNAME 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME | | ONAL NAME | | | ny part of the Debtor's name) |
| Adtrav Corporation 6b. INDIVIDUAL'S SURNAME 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS | Information Change - provi | ONAL NAME | full name; do not o | mit, modify, or abbreviate a | SUFFIX COUNTRY |
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