UCC FINANCING STATEMENT AMENDME FOLLOW INSTRUCTIONS	NT				
A. NAME & PHONE OF CONTACT AT FILER (optional) MICHELLE MORAN 334-466-3190					
B. E-MAIL CONTACT AT FILER (optional)					
MMORAN@AUBURNBANK.COM C. SEND ACKNOWLEDGMENT TO: (Name and Address)	<u> </u>	Shelby Cnty	59020 1/1 \$.00 Judge of Probat	.e, AL	
AUBURNBANK P. O. BOX 3110 AUBURN, AL 36831-3110		07/25/2016 0	2:16:56 PM FILE	D/CERT	
		THE ABOVE SPACE	E IS FOR FILING O	FFICE USE ONL	Y
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE NUMBER THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is to be filed [for record]					
20160502000145380 FILED 05/02/2016 SHELBY CO JUDGE OF PROBATE Cor recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13					
2. X TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement					
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8					
4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law					
5. PARTY INFORMATION CHANGE: Check one of these two boxes: CHANGE name and/or address: Complete This Change affects Debtor or Secured Party of record AND Check one of these three boxes to: CHANGE name and/or address: Complete The dear of the deleted in item 6a or 6b; and item 7a or 7b and item 7c ADD name: Complete item Take To be deleted in item 6a or 6b					
6. CURRENT RECORD INFORMATION: Complete for Party Information Change 6a. ORGANIZATION'S NAME					
BASELINE FOREST SERVICES, INC.					
6b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIONAL NAME(S	S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	ion Change - provide or	nly one name (7a or 7b) (use exact, full name	; do not omit, modify, or abb	reviate any part of the	Debtor's name)
7a. ORGANIZATION'S NAME					
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		<u> </u>	······································		SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL C	ODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral:					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME					
OR SUBURNBANK 9b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:	-				