UCC FINANCING STATEMENT AMENDI	MENT				
FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional)					
B. E-MAIL CONTACT AT FILER (optional)		20160801000 Shelby Cntv		1 \$32.00 Probate, AL	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	·····			PM FILED/CERT	
Callie S. Whatley, Esq.					
Burr & Forman LLP					
420 No. 20th St., Ste. 3400					
Birmingham, AL 35203	1				
		THE ABOVE S	SPACE IS FO	R FILING OFFICE US	F ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STA			
20080808000320370 (filed 08/08/2008)	(or recorded) in the R	CAL COINTE	RECORDS m UCC3Ad) <u>and</u> provide De	
2. TERMINATION: Effectiveness of the Financing Statement identity Statement	fied above is terminated				
3. ASSIGNMENT (full or partial): Provide name of Assignee in item For partial assignment, complete items 7 and 9 and also indicate a			me of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law			Secured Party	authorizing this Continu	ation Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes:	CHANCE name and/or		name: Comple	te item — DELETE som	ne: Give record name
This Change affects Debtor or Secured Party of record	CHANGE name and/or item 6a or 6b; and item	7a or 7b <u>and</u> item 7c 7a o	r 7b, <u>and</u> item 7	to be deleted	in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Organization's NAME	tion Change - provide only	one name (6a or 6b)		 	
Od. ONOMIEDATION O NAME					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa	rty Information Change - provide	only one name (7a or 7b) (use exact,	full name; do not on	nit, modify, or abbreviate any pa	art of the Debtor's name)
7a. ORGANIZATION'S NAME					
OR 76 INDIVIDUAL'S SURNAME	·				
INDIVIDUAL'S FIRST PERSONAL NAME					
INCIVIOUNE OF INCOMINE WANTE					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	<u> </u>				SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
70. WAILING ADDRESS			אורני.	FOSTAL CODE	COOMIN
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE C	overed collateral	ASSIGN collateral
Indicate collateral:	ADD Collateral			Cvered Collateral	_ ASSISIT CONSIGNS
O NAME OF SECURED DARTY OF DECORD AUTHORIZING	THIC ASSENDAGATA	Desvide estude es 60 es 6	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and	provide name of authorizing	•	(name of Ass	agnor, it this is an Assign	ment)
9a. ORGANIZATION'S NAME					
First Commercial Bank (n/k/a First		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
9b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
			<u> </u>		
10. OPTIONAL FILER REFERENCE DATA:					