



Shelby Cnty Judge of Probate, AL

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	08/22/	2016 03:43:21 PM FILED/CERT	
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)			
AUBURNBANK			
P. O. BOX 3110			
AUBURN, AL 36831-3110			
	THE ABOVE SE	PACE IS FOR FILING OFFICE USE O	NLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER	1b. This FINANCING STAT	EMENT AMENDMENT is to be filed [for rack to be filed for rack to be file	ecord]
20160505000152000 FILED 05-05-2016 SHELBY CO JUDGE OF PRO	BATE Filer: <u>attach</u> Amendment Add	endum (Form UCC3Ad) <u>and</u> provide Debt	
2. X TERMINATION: Effectiveness of the Financing Statement identified above is terminated above is terminated. Statement	minated with respect to the security interest	(s) of Secured Party authorizing this Term	ination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and a For partial assignment, complete items 7 and 9 and also indicate affected collateral		Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified above w continued for the additional period provided by applicable law	ith respect to the security interest(s) of Secu	red Party authorizing this Continuation St	tatement is
5. PARTY INFORMATION CHANGE:			
Check <u>one</u> of these two boxes: <u>AND</u> Check <u>one</u> of the contract of the contr			
	· · · · · · · · · · · · · · · · · · ·	name: Complete item DELETE name: 7b, and item 7c DELETE name: to be deleted in	Give record name Item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - pr	ovide only <u>one</u> name (6a or 6b)		
6a. ORGANIZATION'S NAME			
BASELINE FOREST SERVICES, INC.	OT OFFICALLA LABOR	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
66. INDIVIDUAL'S SURNAME	RST PERSONAL NAME	ADDITIONAL NAIVIE(S)/INITIAL(S)	SUFFIX
7 CHANCED OD ADDED INFODMATION: Complete for Assistances to Portuinformation Ch	enne envide enly and name (7s or 7h) (yes avect full	nome: de not emit, modify, er abbreviate any gest e	f the Debter's name)
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Cl 7a. ORGANIZATION'S NAME	INTITION OF THE HAITING (70 OF 70) (USE EXECT, IDII	name, do not offict, modify, or abbitationally part o	tile Deutor 3 marrier
7b. INDIVIDUAL'S SURNAME			
	· · · · · · · · · · · · · · · ·		<u> </u>
INDIVIDUAL'S FIRST PERSONAL NAME			
			SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SOFFIX
7c. MAILING ADDRESS CIT		STATE POSTAL CODE	COUNTRY
7C. WAILING ADDINESS			
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD co	llateral DELETE collateral	RESTATE covered collateral	ASSIGN collateral
Indicate collateral:			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEND		(name of Assignor, if this is an Assignme	ent)
If this is an Amendment authorized by a DEBTOR, check here and provide name 9a. ORGANIZATION'S NAME	of authorizing Debtor	· · · · · · · · · · · · · · · · · · ·	<u> </u>
AUBURNBANK			
OP L	RST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:			