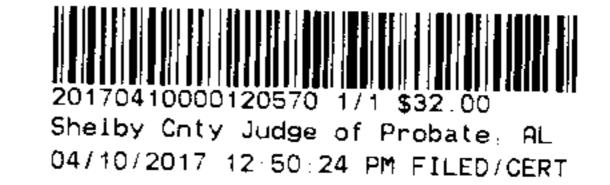
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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-529					
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		-			
<u> </u>	_				
1291 20586	I				
Prepared By: Corporation Service Company					
	led In: Alabama				
Springfield, IL 62703-4261	(Shelby)				
		THE ABO	VE SPACE IS FO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20120824000319250 8/24/2012		(or recorded) in	the REAL ESTATE	NDMENT is to be filed [for RECORDS m UCC3Ad) <u>and</u> provide Debto	
TERMINATION: Effectiveness of the Financing Statement identified Statement	d above is terminated v	vith respect to the secu	rity interest(s) of Sec	ured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7. For partial assignment, complete items 7 and 9 and also indicate affections.			nd name of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identificant continued for the additional period provided by applicable law	fied above with respect	to the security interest	(s) of Secured Party	authorizing this Continuati	on Statement is
5. PARTY INFORMATION CHANGE:	······································				
Check one of these two boxes: AND Check	ck <u>one</u> of these three bo		ADD same Camala	to tom DELETE come	Cive record name
This Change affects Debtor or Secured Party of record	item 6a or 6b, <u>and</u> item 1	nddress: Complete Pa or 7b <u>and</u> item 7c	ADD name. Comple 7a or 7b, <u>and</u> item 7d	te itemDELETE name. to be deleted in i	
6. CURRENT RECORD INFORMATION: Complete for Party Information	Change - provide only	one name (6a or 6b)			
6a ORGANIZATION'S NAMEUnique Industries, Inc.					
OR Ch. IN COLUMN AND CALLED MARKET	FIRST DEDSON	SAL NAME	TADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME		AND MAMIC(S)/MATTIAL(S)	SUPPLE
7. CHANCED OR ADDED INFORMATION: Complete for Assumption to Doctor	Information Channel Brounds	neki ena nama (7a az 7h) (ure	ovad full name: de not an	nt modify or abbreviate any part of	f the Debtar's name)
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party I 7a. ORGANIZATION'S NAME	Information Change - provide	and one name (valor voltuse	exact run name, do not un	at, modify, or abbreviate any part of	The Deptor s name
OR 76. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7. MAILING ADDRESS	TCITY		STATE	TPOSTAL CODE	COUNTRY
7c. MAILING ADDRESS			91712	1	
			DESTATE		A C C I C A I N - A I
8. COLLATERAL CHANGE: Also check one of these four boxes:	_] ADD collateral	DELETE collateral	RESTATE o	overed collateral	ASSIGN collateral
Indicate collateral					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH	IS AMENDMENT. F	rovide only one name (9	a or 9b) (name of As	signor, if this is an Assignme	ent)
	ovide name of authorizing				
9 ORGANIZATION'S NAME Servisfirst Bank					
OR	· · · · · · · · · · · · · · · · · · ·				Income
9b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:: 16102					1291 2058