| UCC FINANCING STATEMENT AMENDA<br>FOLLOW INSTRUCTIONS   | MENT   |  | <br>                        | 5   1   1   1   1   1   1   1   1   1 |  |
|---|--|--|-----------------------------|---------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional)  |  |  |                             |                                       |  |
| FAYE SMITH 334-564-1962   |  | 2017081800030<br>Shelby Coty 1   |                             | <b>20</b>                             |  |
| B. E-MAIL CONTACT AT FILER (optional)   |  | Shelby Cnty July 108/18/2017 01  | :39:40 PM F                 | pate, RL<br>ILED/CERT                 |  |
| FSMITH CYTIST US DONK COM   |  | 4  |                             |                                       |  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)   |  |  |                             |                                       |  |
| FIRST US BANK FKA FIRST UNITED SECURITY BANK  |  |  |                             |                                       |  |
| 131 WEST FRONT STREET   |  |  |                             |                                       |  |
| PO BOX 249  |  |  |                             |                                       |  |
| THOMASVILLE, AL 36784   | 1  |  |                             |                                       |  |
| <u> </u>  |  | ,  |                             | R FILING OFFICE                       |  |
| a. INITIAL FINANCING STATEMENT FILE NUMBER 20141009000319690  |  | (or recorded) in the   | REAL ESTATE                 |                                       | d [for record]<br>Debtor's name in <u>item 1</u> 3 |
| <ol> <li>TERMINATION: Effectiveness of the Financing Statement identified</li> <li>Statement</li> </ol>   | ied above is terminated                                  | with respect to the security   | interest(s) of Sec          | cured Party authorizin                | g this Termination                                 |
| <ol> <li>ASSIGNMENT (full or partial). Provide name of Assignee in item<br/>For partial assignment, complete items 7 and 9 and also indicate at</li> </ol>  |  |  | name of Assignor            | in item 9                             |  |
| 4. CONTINUATION: Effectiveness of the Financing Statement ider continued for the additional period provided by applicable law   | ntified above with respec                                | t to the security interest(s)  | of Secured Party            | authorizing this Cont                 | inuation Statement is                              |
| 5. PARTY INFORMATION CHANGE:  |  |  |                             |                                       |  |
|   | heck <u>one</u> of these three t<br>— CHANGE name and/or |  | DD name: Comple             | stelitem — DELETE o                   | ame: Give record name                              |
| This Change affects Debtor or Secured Party of record   | item 6a or 6b; and item                                  |  | a or 7b, and item 7         |                                       | ted in item 6a or 6b                               |
| 6. CURRENT RECORD INFORMATION: Complete for Party Informati   | ion Change - provide only                                | one name (6a or 6b)  |                             |                                       |  |
| LAL ADAMANTATION'S NIABE  |  |  |                             | ·····                                 |  |
| 6a. ORGANIZATION'S NAME   |  |  | <u> </u>                    |                                       |  |
| 6a. ORGANIZATION'S NAME  OR 6b. INDIVIDUAL'S SURNAME  | FIRST PERSO  |  | ADDITIO                     | NAL NAME(S)/INITIAL                   | (S) SUFFIX   |
| OR 6b. INDIVIDUAL'S SURNAME   |  | NAL NAME   |                             | · · ·                                 |  |
| OB  |  | NAL NAME   |                             | · · ·                                 |  |
| 6b. INDIVIDUAL'S SURNAME  7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Par  7a. ORGANIZATION'S NAME  |  | NAL NAME   |                             | · · ·                                 |  |
| OR 6b. INDIVIDUAL'S SURNAME  7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Par  |  | NAL NAME   |                             | · · ·                                 |  |
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| OR 6b. INDIVIDUAL'S SURNAME  7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Par 7a. ORGANIZATION'S NAME  OR 7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME   |  | NAL NAME   |                             | · · ·                                 |  |
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| OR 6b. INDIVIDUAL'S SURNAME  7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Par 7a. ORGANIZATION'S NAME  OR 7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME   |  | NAL NAME   |                             | · · ·                                 | y part of the Debtor's name)                       |
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