UCC FINANCING STATEMENT AMENDME FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)	NT			
FAYE SMITH 334-564-1962 B. E-MAIL CONTACT AT FILER (optional)		Shelby Cnty	01130 1/1 \$.00 Judge of Probate, AL 1:39:41 PM FILED/CERT	
FIRST US BANK FKA FIRST UNITED SECURITY BANK 131 WEST FRONT STREET PO BOX 249 THOMASVILLE, AL 36784				
I HOMASVILLE, AL 30764		THE ABOVE SPA	CE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20141009000319750		(or recorded) in the REA	MENT AMENDMENT is to be filed [fo L ESTATE RECORDS Idendum (Form UCC3Ad) <u>and provide De</u> t	•
2. TERMINATION: Effectiveness of the Financing Statement identified a Statement	bove is terminated v		-14411	
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a of For partial assignment, complete items 7 and 9 and also indicate affects.			of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	d above with respect	to the security interest(s) of Se-	cured Party authorizing this Continua	tion Statement is
5. PARTY INFORMATION CHANGE: AND Check	one of these three bo	exes to:		
Check one of these two boxes:	HANGE name and/or a	iddress: CompleteADD na	me: Complete item DELETE name , <u>and</u> item 7c to be deleted in	: Give record name item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information	hange - provide only	one name (6a or 6b)	· · · · · · · · · · · · · · · · · · ·	
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info 7a. ORGANIZATION'S NAME	rmation Change - provide	only <u>one</u> name (7a or 7b) (use exact, full r	name; do not omit, modify, or abbreviate any pari	of the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME	- 	·· • • • • • • • • • • • • • • • • • •	<u> </u>	
INDIVIDUAL'S FIRST PERSONAL NAME				· · · · · · · · · · · · · · · · · · ·
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			· · · · · · · · · · · · · · · · · · ·	SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral.	ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment authorized by a DEBTOR, check here and provi	S AMENDMENT: P		(name of Assignor, if this is an Assigno	nent)
9a. ORGANIZATION'S NAME				
FIRST UNITED SECURITY BANK NK. 9b. INDIVIDUAL'S SURNAME	FIRST PERSON		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:				
860003008SB DEV. CORP	·	···		1.17.1