UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) FAYE SMITH 334-564-1962 B. E-MAIL CONTACT AT FILER (optional) +5mith@first wbank coin C. SEND ACKNOWLEDGMENT TO: (Name and Address)

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Shelby Cnty Judge of Probate, AL 08/18/2017 01:39:46 PM FILED/CERT

FIRST US BANK FKA FIRST UNITED SECURITY BANK 131 WEST FRONT STREET PO BOX 249 THOMASVILLE, AL 36784					
			SPACE IS FOR FILING		
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20150514000160190		(or recorded) in the F	ATEMENT AMENDMENT I REAL ESTATE RECORDS nt Addendum (Form UCC3Ad)	_	
2. TERMINATION: Effectiveness of the Financing Statement identific Statement	ed above is terminated w	rith respect to the security in	nterest(s) of Secured Party	authorizing this ?	Fermination
3. ASSIGNMENT (full or partial) Provide name of Assignee in item For partial assignment, complete items 7 and 9 and also indicate affi			me of Assignor in item 9		
4. CONTINUATION: Effectiveness of the Financing Statement identication continued for the additional period provided by applicable law	tified above with respect	to the security interest(s) of	Secured Party authorizing	this Continuation	n Statement is
5. PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party of record	neck <u>one</u> of these three bo CHANGE name and/or a item 6a or 6b; <u>and</u> item 7	iddress: CompleteAD0	, , ,	DELETE name: G to be deleted in ite	
6. CURRENT RECORD INFORMATION: Complete for Party Information	on Change - provide only	one name (6a or 6b)			
6a. ORGANIZATION'S NAME					
OR 66. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party	y Information Change - provide (only one name (7a or 7b) (use exact	full name; do not omit, modify, or a	abbreviate any part of t	the Debtor's name)
7a ORGANIZATION'S NAME					
OR 76 INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c MAILING ADDRESS	CITY		STATE POSTAL C	ODE	COUNTRY
8. OLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral [DELETE collateral	RESTATE covered colla	ateral A	SSIGN collateral

If this is an Amendment authorized by a DEBTOR, chec	k here and provide name of authorizing Debtor		
9a ORGANIZATION'S NAME			
FIRST UNITED SECURITY	BANK NKA FIRST US BANK		
OR 96. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFI)

860003535--SB DEV. CORP--

Indicate collateral