A. NAME & PHONE OF CONTACT AT FILER (optional)	77.6	1			
B. E-MAIL CONTACT AT FILER (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
' Gary Edwards	•	201711	28000425960 1/		
Oxford Way# 394 Pelham, Alabama [35124]		Shelby	Cnty Judge of	Probate, AL	
remain, Alabama [55124]			2017 09:23:11 (R FILING OFFICE US	E ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20170717000254470		b. This FINANC		NDMENT is to be filed [f	
2. TERMINATION: Effectiveness of the Financing Statement identifie	ed above is terminated v			m UCC3Ad) <u>and</u> provide De tured Party authorizing th	
Statement		·-			
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7 For partial assignment, complete items 7 and 9 and also indicate affe	ra or 76, <u>and</u> address of ected collateral in item (Assignee in item 7c	and name of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identication continued for the additional period provided by applicable law	ified above with respect	to the security intere	st(s) of Secured Party	authorizing this Continua	ation Statement is
5. PARTY INFORMATION CHANGE:				···	
Check gile of these two boxes.	eck <u>one</u> of these three bo CHANGE name and/or a	ddress: Complete		te item — DELETE nam	e: Give record name
This Change affects Debtor or Secured Party of record	item 6a or 6b; <u>and</u> item i	a or 7b <u>and</u> item 7c	7a or 7b, <u>and</u> item 7	• • • • • • • • • • • • • • • • • • •	in item 6a or 6b
6. CURRENT RECORD INFORMATION; Complete for Party Information 6a. ORGANIZATION'S NAME	n Change - provide only	one name (6a or 6b)			
66. INDIVIDUAL'S SURNAME FDMARDS	FIRST PERSON		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party	Information Change - provide	only <u>one</u> name (7a of 7b) (u	se exact, full name; do not on	it, modify, or abbreviate any pa	rt of the Debtor's name)
7a. ORGANIZATION'S NAME				· · · · · · · · · · · · · · · · · · ·	
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME				<u>. </u>	·
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	 .			.	SUFFIX
7c. MAILING ADDRESS P. O. BOX 563	CITY A	BA57	ER AL	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collatera	RESTATE C	overed collateral	ASSIGN collateral
Indicate collateral:					,
			.		
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THE If this is an Amendment authorized by a DEBTOR, check here and present the pr	HIS AMENDMENT: Provide name of authorizing		(9a or 9b) (name of Ass	ignor, if this is an Assignr	ment)
······································		g =			
9a. ORGANIZATION'S NAME					
9a. ORGANIZATION'S NAME	I FIRST STATE	A1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	· · · · · · · · · · · · · · · · · · ·		
9a. ORGANIZATION'S NAME	FIRST PERSON	AL NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX