A. NAME & PHONE OF CONTACT AT FILER (optional)				
		7		
B. E-MAIL CONTACT AT FILER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	<u>-</u>			
Gary Edwards	_	20171128000425990 1/1 \$.00		
Oxford Way# 394 Pelham, Alabama [35124]		Shelby Chty	Judge of Probate, AL 9:23:14 AM FILED/CERT	
L Chiam, Alabama [55124]			ACE IS FOR FILING OFFICE USE	ONLY
3. INITIAL FINANCING STATEMENT FILE NUMBER 20170807000283880		1b. This FINANCING STAT	EMENT AMENDMENT is to be filed [fo	
TERMINATION: Effectiveness of the Financing Statement identifie	ed above is terminated v	Filer: <u>attach</u> Amendment /	ddendum (Form UCC3Ad) <u>and</u> provide Deb	
Statement	d above is terminated v	viai respect to the security line	esi(s) of Secured Party authorizing thi	s rermination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7 For partial assignment, complete items 7 and 9 and also indicate affective.			of Assignor in item 9	·
CONTINUATION: Effectiveness of the Financing Statement identication continued for the additional period provided by applicable law	ified above with respect	to the security interest(s) of S	ecured Party authorizing this Continuat	ion Statement is
PARTY INFORMATION CHANGE:			"	_
	eck <u>one</u> of these three bo CHANGE name and/or a		ame: Complete itemDELETE name:	Give record no
This Change affects Debtor or Secured Party of record	item 6a or 6b; <u>and</u> item î	7a or 7b <u>and</u> item 7c7a or 7	b, <u>and</u> item 7c to be detected in	
CURRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAME	n Change - provide only	one name (ba or 6b)		
R Ch. INDSVIDUALIS SUDNAME	TEXT		· · · · · · · · · · · · · · · · · · ·	
66. INDIVIDUAL'S SURNAME EDWARDS	FIRST PERSON		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party 7a. ORGANIZATION'S NAME	Information Change - provide	only <u>one</u> name (7a or 7b) (use exact, ful	name; do not omit, modify, or abbreviate any part	of the Debtor's nam
7b. INDIVIDUAL'S SURNAME	 			
INDIVIDUAL'S FIRST PERSONAL NAME		·		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			····································	SUFFIX
MAILING ADDRESS BOX 543	cit A/A	BASTER	STATE POSTAL CODE	COUNTRY
COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collate
Indicate collateral:				
			(name of Assignor, if this is an Assignm	ent)
	HIS AMENDMENT: Provide name of authorizing		(name of Assignor, if this is an Assignm	ent)
			(name of Assignor, if this is an Assignm	ent)

10. OPTIONAL FILER REFERENCE DATA: