UCC FINANCING STATEME FOLLOW INSTRUCTIONS	NT AMENDMENT				-	•
A. NAME & PHONE OF CONTACT AT FILER Phone: (800) 331-3282 Fax: (818) 6	•					
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Se						
C. SEND ACKNOWLEDGMENT TO: (Name a				—· -		
Lien Solutions P.O. Box 29071	65633	20279 - COMPASS BANK 65633114		20180725000264600 1/2 \$.00		
Glendale, CA 91209-9071	ALAL FIXTU	IRE i	•		of Probate, AL 38 AM FILED/CER	
Eilo with: Sholb			THE ABOVE	SDACE IS EC	D EII ING OFFICE	FIISE ONLY
File with: Shelby, AL 1a. INITIAL FINANCING STATEMENT FILE NUMBER			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record]			
200403010001043 3/1/2004 CC AL Shelby			(or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in Item 13			
2. X TERMINATION: Effectiveness of the Finan Statement	cing Statement identified above is	s terminated with	respect to the security inte	erest(s) of Secure	d Party authorizing th	is Termination
3. ASSIGNMENT (full or partial): Provide name For partial assignment, complete items 7 and 2000 and 2000 are selected assignment.	<u> </u>		-	ne of Assignor in	tem 9	
4. CONTINUATION: Effectiveness of the Final continued for the additional period provided	•	with respect to t	he security interest(s) of S	ecured Party auth	orizing this Continual	tion Statement is
5. PARTY INFORMATION CHANGE:			_			
Check one of these two boxes: Check one of these two boxes: CHANGE name and/or address: Complete This Change affects Debtor or Debtor or Secured Party of record This Change affects AND Check one of these three boxes to: CHANGE name and/or address: Complete The change affects ADD name: Complete item DELETE name: Give record name and/or address: The change affects This Change affects Debtor or This Change affects Debtor or This Change affects Debtor or This Change affects This Change affects Debtor or This Change affects This Change affects Debtor or This Change affects This Change affe						
This Change affects Debtor or Secured				or 7b, <u>and</u> item 7	to be delete	ed in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete 6a. ORGANIZATION'S NAME	te for Party Information Change -	provide only <u>one</u>	name (6a or 6b)		<u> </u>	<u> </u>
VITAL INSPECTION PROFESS	SIONALS, INC			1		
OR			LNAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Comple	ete for Assignment or Party Information Cha	ange - provide only d	ne name (7a or 7b) (use exact, fu	uli name: do not omit, r	nodify, or abbreviate any pa	rt of the Debtor's name)
7a. ORGANIZATION'S NAME		<u> </u>				
on					<u>_</u>	
OR 7b. INDIVIDUAL'S SURNAME	•		-	- · ·	•	
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S	S)					SUFFIX
7c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
					,	
8. COLLATERAL CHANGE: Also check o	ne of these four boxes: ADE	collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN collateral
Indicate collateral:				-		
					,	
	•					
	•					
		<u>.</u>				
9. NAME OF SECURED PARTY OF RECO If this is an Amendment authorized by a DEBTO 9a. ORGANIZATION'S NAME		ENDMENT: Proname of authorizing		r 9b) (name of Ass	ignor, if this is an Assi	ignment)
Compass Bank						
9b. INDIVIDUAL'S SURNAME		FIRST PERSONA	LNAME	ADDITIO	VAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: De	btor Name: VITAL INSPEC	TION PROFE	SSIONALS. INC	<u> </u>		<u> </u>
65633114 013	77-5510 AFS					

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 200403010001043 3/1/2004 CC AL Shelby 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a, ORGANIZATION'S NAME Compass Bank 12b. INDIVIDUAL'S SURNAME Shelby Cnty Judge of Probate, AL FIRST PERSONAL NAME (07/25/2018 09:16:38 AM FILED/CERT ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit 13a. ORGANIZATION'S NAME VITAL INSPECTION PROFESSIONALS, INC. 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): Debtor Name and Address: VITAL INSPECTION PROFESSIONALS, INC - P.O. BOX 1686, ALABASTER, AL 35007 Secured Party Name and Address: Compass Bank - 701 32nd St South, Birmingham, AL 35233 17. Description of real estate: 15. This FINANCING STATEMENT AMENDMENT: covers timber to be cut covers as-extracted collateral is filed as a fixture filing LT 12 SURVERY AIRPARK INDUST-16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):

18. MISCELLANEOUS: 65633114-AL-117 20279 - COMPASS BANK (COLLAT

Compass Bank

File with: Shelby, AL

01316 77-5510 AFS