CC FINANCING STATE OLLOW INSTRUCTIONS (front and A. NAME & PHONE OF CONTACT AT Gina Williams 205-263-471 B. SEND ACKNOWLEDGMENT TO: Oakworth Capital Ba	T FILER [optional]	T				
A. NAME & PHONE OF CONTACT AT GINA WILLIAMS 205-263-471 B. SEND ACKNOWLEDGMENT TO:	back) CAREFULLY T FILER [optional]	†				
A. NAME & PHONE OF CONTACT AT GINA WILLIAMS 205-263-471 B. SEND ACKNOWLEDGMENT TO:	back) CAREFULLY T FILER [optional]	†				
A. NAME & PHONE OF CONTACT AT GINA WILLIAMS 205-263-471 B. SEND ACKNOWLEDGMENT TO:	back) CAREFULLY T FILER [optional]					
A. NAME & PHONE OF CONTACT AT GINA Williams 205-263-471 B. SEND ACKNOWLEDGMENT TO:	T FILER [optional]					
S. SEND ACKNOWLEDGMENT TO:		l l				
Oakwarth Capital B	(Name and Address)					
Oakwarth Canital B.						
-		1		10 1 F 11 G HE	10) B 6 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
850 Shades Creek Parkway				 		
Ste 110			2018101800036	8220 1	/1 \$.00	
Birmingham, AL. 35209			Shelby Cnty J	udge o	f Probate, AL AM FILED/CERT	
			10/18/2018 08	: 11:00	AN TILLBY CENT	
		!				
- INTER CINENCINO OTATORECRITORE	• 41		·		FILING OFFICE USE OFFI	<u> </u>
a. INITIAL FINANCING STATEMENT FILE Instrument #20170915			TN to be	filed [for record] (or recorde		
	the Financing Statement identified above is	terminated with respect to se	curity interact(s) of the Se		L ESTATE RECORDS.	Statement
	<u> </u>	·-				
continued for the additional period p	of the Financing Statement identified above rovided by applicable law.	re with respect to security into	eresus) of the Section Fe	arty autrio	nging mis conditionation State	1110(1) 13
ASSIGNMENT (full or partial): Gi	ve name of assignee in item 7a or 7b and a	address of assignee in item 7c	and also give name of as	signor in it	tem 9.	
	TION): This Amendment affects Det					
	es <u>and</u> provide appropriate information in it					
CHANGE name and/or address: Please		DELETE name: Give re to be deleted in item 6a		ADOna	ame: Complete item 7a or 7b, a mplete items 7e-7g (if applicab	nd also item 7c;
in regards to changing the name/addre		to be deleted in item of	CI QL.	480,00	The content of Content of the Conten	
6a, ORGANIZATION'S NAME						
OR 66. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
TOUHEY		SEANCE		C		
. CHANGED (NEW) OR ADDED INFO	RMATION:					_
7a. ORGANIZATION'S NAME						
75. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
				<u>_</u>		301712
c. MAILING ADDRESS		CITY		STATE POSTAL CODE COUNT		COUNTRY
C. MAICING ADDRESS				SIRIL	I GOINE GODE	
d. SEE INSTRUCTIONS ADD'L INFO	O RE 7e. TYPE OF ORGANIZATION	71. JURISDICTION OF ORG	GANIZATION	7g, ORG/	ANIZATIONAL ID #, if any	_1
ORGANIZA DEBTOR				•		
···-	ANGE): shock only one how				<u> </u>	No
B. AMENDMENT (COLLATERAL CH	added, or give entire restated collaters	e) description, or describe or	ollateral Dassioned			
						
Termination of UCC Finan	cing Statement Instrument	#201709150003361	120			
	RECORD AUTHORIZING THIS AM	ENDMENT (name of assign)	or if this is an Assignment)	If this is	an Amendment authorized by	a Debtor which
NAME OF SECURED PARTY OF	THE CITE TO THE PROPERTY OF THE PARTY				-	
	ebtor, or if this is a Termination authorized	by a Debtor, check here 1	and other notific of DEDT.		-	
	ebtor, or if this is a Termination authorized	by a Debtor, check here				
9a. ORGANIZATION'S NAME		by a Debtor, check here				
adds collateral or adds the authorizing D		FIRST NAME		MIDDLE !		SUFFIX
adds collateral or adds the authorizing D 9a. ORGANIZATION'S NAME OAKWORTH CAP		· LI				SUFFIX