

UCC FIN	ANCING STATEMENT A	MENDMEN	IT				
A. NAME & F	PHONE OF CONTACT AT FILER (option	onal)		1			
	ONTACT AT FILER (optional)						
	ter@myprogressbank.com KNOWLEDGMENT TO: (Name and A	Address)					
Progr	ress Bank & Trust						
	Frant Street tur, AL 35601		•				
USA	idi, Ali Jour		•				
				THE ABOVE SP	ACE IS FOI	R FILING OFFICE USE C	NLY
	ANCING STATEMENT FILE NUMBER			(or recorded) in the REA	AL ESTATE F		_
2. TERMI	NATION: Effectiveness of the Financing	Statement identified abo	ove is terminated v			m UCC3Ad) <u>and provide Debtor</u> sured Party authorizing this	
Stateme 3. ASSIG	NMENT (full or partial): Provide name of	Assignee in item 7a or	7b, <u>and</u> address o	f Assignee in item 7c <u>and</u> name	of Assignor	in item 9	
	ial assignment, complete items 7 and 9 <u>and 10 and </u>				cured Party	authorizing this Continuatio	n Statement is
continue	ed for the additional period provided by app						
	INFORMATION CHANGE: If these two boxes:		ne of these three b			•	
	affects Dobtor or Secured Party of	record CHA	NGE name and/or and/or and and item	address: Complete ADD nation 7c 7a or 7	ame: Comple b, <u>and</u> itom 70	te itemDELETE namo: 0 to be deleted in it	
	RECORD INFORMATION: Complete	for Party Information Cha	inge - provide only	one name (6a or 6b)			
OR BE INDIVI	DUAL'S SURNAME		FIRST PERSON	JAL NAME	TADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
J			1 11 (0 ) 1 (3 ) (0 )				
	OR ADDED INFORMATION: Complete	for Assignment or Party Inform	ation Change - provide	only <u>one</u> name (7a or 7b) (use exact, full	name; do not on	nit, modify, or abbreviate any part of	the Debtor's name)
OR 75 10000	DITALLE CLIDATA ME			<u></u> <u>-</u> -			
יאוטאו .מל	DUAL'S SURNAME						
INDIV	DUAL'S FIRST PERSONAL NAME				<u> </u>		
NDIA	IDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			<u></u>			SUFFIX
7c. MAILING A	ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
8 TOOLI	ATERAL CHANGE: Also check one of the	ese four boxes: A	DD collateral	DELETE collateral	RESTATE o	overed collateral A	SSIGN collatoral
	collateral:						
<del></del>							
Indicate  9. NAME of		AUTHORIZING THIS			) (name of As	signor, if this is an Assignme	nt)
9. NAME OF if this is an 9a. ORGA	SECURED PARTY OF RECORD A Amendment authorized by a DEBTOR, che	AUTHORIZING THIS A	e name of authorizi		) (name of As	signor, if this is an Assignme	nt)
9. NAME OF If this is an Pa. ORGA	SECURED PARTY OF RECORD A	AUTHORIZING THIS A	e name of authorizi	ng Debtor		signor, if this is an Assignme	suffix