9a. ORGANIZATION'S NAME FIRST US BANK OR. 9b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NA	AME(S)/INITIAL(S)	SUFFIX
,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING T		Provide only <u>one</u> name (9a or ng Debtor ————————————————————————————————————		if this is an Assignme	ent)
		, , , , , , , , , , , , , , , , , , , ,			
Indicate collateral:			•		
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE covered	collateral	ASSIGN collateral
7c. MAILING ADDRESS	- CITY		STATE POST	AL CODE	COUNTRY
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
INDIVIDUAL'S FIRST PERSONAL NAME					_
7b. INDIVIDUAL'S SURNAME					
7. CHANGED OR ADDED INFORMATION. Complete for Assignment of Party 7a. ORGANIZATION'S NAME	Information Change - provide	Offiny Cone Harrie (7 a Of 7 b) (GSC CXAC)	- Ida Hairio, do Not omit, modit	71 or abbrotiate any part of	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party	_				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSOI		ADDITIONAL NA	ME(S)/INITIAL(S)	SUFFIX
This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAME				, '' 3 ' 1	
Check <u>one</u> of these two boxes:	eck <u>one</u> of these three b CHANGE name and/or a item 6a or 6b; <u>and</u> item	address: CompleteAD	D name: Complete item or 7b, <u>and</u> item 7c	DELETE name:	Give record name
continued for the additional period provided by applicable law 5. PARTY INFORMATION CHANGE:					-
For partial assignment, complete items 7 and 9 and also indicate affectiveness of the Financing Statement identity	ected collateral in item	B 	•	- <u> </u>	on Statement is
Statement 3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7	<u> </u>			<u>.</u>	<u>-</u>
20161222000467330 2. TERMINATION: Effectiveness of the Financing Statement identified	ed above is terminated v	Filer: <u>attach</u> Amendme	nt Addendüm (Form UCC3	Ad) <u>and</u> provide Debto	
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING ST	SPACE IS FOR FILII ATEMENT AMENDMENT REAL ESTATE RECOR	NT is to be filed [for	
P.O. BOX 249 THOMASVILLE, AL 36784					
' FIRST US BANK 131 WEST FRONT ST		08/23	/2021 11:46:43	AM FILED/CERT	
		Shelb	923000409840 1/ Y Cntv Judgo -6	1 \$39.00	
fsmith@firstusbank.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)					ł j
FAYE SMITH 334-564-2862 or 334-636-5424 B. E-MAIL CONTACT AT FILER (optional)	'		-	up - t-	** **
FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)					
UCC FINANCING STATEMENT AMENDM	ENT				