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A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141						
A NAME & PHONE OF CONTACT AT FILER (optional) Name: Whotes Kluwer Lien Solutions Phone: 800-331-3262 Fax: 818-662-4141 B. E-MAIL CONTACT AT FILER (optional) ucofflingreturing/wolterskiluwer.com C. SEND ACKNOWLEGGMENT TO: (Name and Address) 31153 - CAPITAL ONE Lien Solutions P.O. Box 29071 Glendale, CA 91299-9071 ALAL FIXTURE File with: Shelby, AL II. INITIAL FINANCING STATEMENT FILE NUMBER 201193-9071 ALAL FIXTURE File with: Shelby, AL III. INITIAL FINANCING STATEMENT FILE NUMBER 20171031000394510 10/31/22017 CC AL Shelby THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY III. INITIAL FINANCING STATEMENT FILE NUMBER 20171031000394510 10/31/22017 CC AL Shelby THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY III. INITIAL FINANCING STATEMENT FILE NUMBER 20171031000394510 10/31/22017 CC AL Shelby THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY III. INITIAL FINANCING STATEMENT FILE NUMBER 20171031000394510 10/31/22017 CC AL Shelby THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY III. INITIAL FINANCING STATEMENT FILE NUMBER 20171031000394510 10/31/22017 CC AL Shelby THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY III. INITIAL FINANCING STATEMENT FILE NUMBER 20171031000394510 10/31/22017 CC AL Shelby THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY III. III. III. III. III. III. III. II						
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Lien Solutions P.O. Box 29071 Giendale, CA 91209-9071 ALAL FIXTURE THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INITIAL FINANCING STATEMENT FILE NUMBER 20171031000394510 10/31/20/17 CC AL Shelby 1b. STIRE FINANCING STATEMENT AMENDMENT is to be filed (for record) or recorded) in the REAL ESTATE RECORDS 20171031000394510 10/31/20/17 CC AL Shelby 1c. TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement 3. ASSIGNMENT (full or partial) Provide name of Assignee in item 7s or 7o, and address of Assignee in item 7c and name of Assigner in item 8 For partial assignment, complete items 7 and 9 and also indicate affected collatoral in item 8 1c. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is confinued for the additional period provided by applicable law 1c. PARTY INFORMATION CHANGE: 1ms Change affects 1 Debtor or Secured Party of record 1 CHANGE name and/or address: Complete 1 Time Schange affects 2 Debtor or Secured Party of record 2 CHANGE name and/or address: Complete 1 Time Schange affects 3 Debtor or Secured Party of record 2 CHANGE name and/or address: Complete 1 Time Schange affects 3 CORRANIZATION'S NAME 1 Secured Party information Change - provide only one name (5a or 6b) 1 Secured Party information Change - provide only one name (7a or 7h) (see sea; full name do not smit, modity, or abbreviole say part in the Debtor's name) 1 Ta, DEMONDUAL'S SURNAME 1 INDIVIDUAL'S AD	C. SEND ACKNOWI EDGMENT TO: (Name and Address)	APITAL ONE	20211	02700052	1150 1/2 \$39 00	
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	OF SECURED PARTY OF RECORD AUTHORIZING THIS	AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignm	nent)
If this is	s an Amendment authorized by a DEBTOR, check here 🔃 and prov	ide name of authorizing Debtor		
9a. C	DRGANIZATION'S NAME			
Fa	nnie Mae			
OR 9b. II	NDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIC	ONAL FILER REFERENCE DATA: Debtor Name: CAHABA P	ROPERTY OWNER LLLC, as Tena	ant-In-Common	

83101562 1916-416

Rader, Scott

11, IN						
201	ITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a of 100000000000000000000000000000000000	on Amendment form				
	AME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item	n 9 on Amendment form				
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	Fannie Mae					
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OR	12b. INDIVIDUAL'S SURNAME				2021 02:39:26 PM FILED/	CERT
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13. N	ame of DEBTOR on related financing statement (Name of a current Ene Debtor name (13a or 13b) (use exact, full name; do not omit, mod	Debtor of record requires	d for indexing pur	and the transfer	SPACE IS FOR FILING OFFICE U	JSE ONLY
<u>0</u>	ne Debtor name (13a or 13b) (use exact, full name; do not omit, mod	lify, or abbreviate any pa	art of the Debtor's	name); see Inst	me filing offices - see Instruction ite ructions if name does not fit	em 13): Provide o
1	3a. ORGANIZATION'S NAME					
	CAHABA PROPERTY OWNER I LLC, as Tenant-	In-Common				
\	3b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME		ADDITIONAL MANAGEROVINITIAL (C)	
					ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
4. A[DITIONAL SPACE FOR ITEM 8 (Collateral):					
	r Name and Address:					
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