	THE ABOVE SE	\$.00 JOANN 20220421000163780 PACE IS FOR FILING OFFICE US	E ONLY
I. INITIAL FINANCING STATEMENT FILE NUMBER	1b. This FINANCING STAT	EMENT AMENDMENT is to be filed [	
20150824000294430  TERMINATION: Effectiveness of the Financing Statement identified a	Filer: <u>attach</u> Amendment A	Addendum (Form UCC3Ad) <u>and</u> provide Do	ebtor's name in item 13
Statement			
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 <u>and</u> also indicate affect		e of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identifie continued for the additional period provided by applicable law	d above with respect to the security interest(s) of S	ecured Party authorizing this Continu	ation Statement is
PARTY INFORMATION CHANGE:	connect the sea throughouse to:		
Check one of these two boxes.	k <u>one</u> of these three boxes to: HANGE name and/or address: Complete em 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c7a or 7		ne: Give record name in item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information Com	hange - provide only <u>one</u> name (6a or 6b)		
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
FARMER	WADE	O	
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info 7a. ORGANIZATION'S NAME	ormation Change - provide only <u>one</u> name (7a or 7b) (use exact, full	I name; do not omit, modify, or abbreviate any pa	art of the Debtor's name)
7b. INDIVIDUAL'S SURNAME			
TO THE TOTAL OF CONTRACTOR			
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
66 ASHFORD WAY	ALABASTER	AL 35007	US