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FIRST PERSON		ADDI	TIONAL NAME(S)/INITIA	AL(S) SUFFIX
	IAL NAME	ADDI	TIONAL NAME(S)/INITIA	AL(S) SUFFIX
	IAL NAME	ADDI	TIONAL NAME(S)/INITIA	AL(S) SUFFIX
3000 500 d-l			` '	
anue - provide only	one name (7a or 7b) (use exact, fu	ll name: do not omi	it, modify, or abbreviate any pa	rt of the Debtor's name)
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				SUFFIX
OITY		STATE	E POSTAL CODE	COUNTRY
ollateral	DELETE collateral	RESTAT	E covered collateral	ASSIGN* collatera
3N COLLATERAL c	only if the assignee's power to amer	nd the record is limit	ted to certain collateral and des	scribe the collateral in Section 8
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FIRST PERSONAL NAME

10. OPTIONAL FILER REFERENCE DATA: BillingRef2 - 7078

9a. ORGANIZATION'S NAME ServisFirst Bank

2658 71533

SUFFIX

ADDITIONAL NAME(S)/INITIAL(S)