NAME & PHONE OF CONTACT AT FILER (optional)  Catherine A. Hillman  E-MAIL CONTACT AT FILER (optional)  chillman@peoplesbankal.com  SEND ACKNOWLEDGMENT TO: (Name and Address)  Peoples Bank of Alabama					
E-MAIL CONTACT AT FILER (optional)  chillman@peoplesbankal.com  SEND ACKNOWLEDGMENT TO: (Name and Address)		_			
chillman@peoplesbankal.com SEND ACKNOWLEDGMENT TO: (Name and Address)					
SEND ACKNOWLEDGMENT TO: (Name and Address)	<u> </u>				
<u> </u>		-			
* 4046 OT 1 4 OTT	20240103000002340 1/1 \$39.00 202401030000002340 of Probate, AL Shelby Cnty Judge of Probate, AL				
1912 Cherokee Ave SW Cullman, AL 35055			Shelby 01/03/	Cnty Judge 0 2024 01:24:38	PM FILED/CE
		THE ABOVE	SPACE IS FO	R FILING OFFICE	USE ONLY
. INITIAL FINANCING STATEMENT FILE NUMBER 0190612000205620		1b. This FINANCING ST (or recorded) in the Filer: <u>attach</u> Amendme	REAL ESTATE F	RECORDS	
TERMINATION: Effectiveness of the Financing Statement identified Statement	ed above is terminated v	with respect to the security i	nterest(s) of Sec	ured Party authorizin	ng this Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7 For partial assignment, complete items 7 and 9 and also indicate affects.			ame of Assignor	in item 9	
CONTINUATION: Effectiveness of the Financing Statement identication continued for the additional period provided by applicable law	ified above with respec	t to the security interest(s) o	of Secured Party	authorizing this Con	tinuation Statement
PARTY INFORMATION CHANGE:					
Check <u>one</u> of these two boxes:	eck <u>one</u> of these three b		D name: Comple	to item DELETE	name: Give record r
This Change affects Debtor or Secured Party of record	CHANGE name and/or item 6a or 6b; <u>and</u> item	7a or 7b <u>and</u> item 7c 7a	or 7b, <u>and</u> item 7		ted in item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Informatio 6a. ORGANIZATION'S NAME	n Change - provide only	one name (6a or 6b)		- 12 - 1	
6b. INDIVIDUAL'S SURNAME	FIRST PERSOI	NAL NAME	ADDITIO	NAL NAME(S)/INITIA	L(S) SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party	Information Change - provide	only <u>one</u> name (7a or 7b) (use exac	t, full name; do not on	nit, modify, or abbreviate a	ny part of the Debtor's na
7a. ORGANIZATION'S NAME					
Truemark Metals, LLC 7b. INDIVIDUAL'S SURNAME		· -	<u> </u>	<u></u>	
INDIVIDUAL'S FIRST PERSONAL NAME	<u> </u>			<u> </u>	<u>-</u>
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
. MAILING ADDRESS	CITY	<u> </u>	STATE	POSTAL CODE	COUNTR
200 Rolling Mill Street	Helena		AL	35080	USA
COLLATERAL CHANGE: Also check one of these four boxes:  Indicate collateral:	ADD collateral	DELETE collateral	RESTATE	overed collateral	ASSIGN colla
NAME OF SECURED PARTY OF RECORD AUTHORIZING T			r 9b) (name of As	signor, if this is an As	ssignment)
	provide name of authoriz	ing Debtor	<u>-</u>	<del></del> -	
9a. ORGANIZATION'S NAME  Doomlos Damle of Alabama					
Peoples Bank of Alabama  9b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIA	L(S) SUFFIX
BU. HADIAIDONE & SOKIAMINE	, into i r Lixou				