

UCC FINANCING STATEMENT AMENUMING FOLLOWINSTRUCTIONS	ENI				
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)					
Johnna Norris 800 392 8308 Opt 5					
B. E-MAIL CONTACT AT SUBMITTER (optional)  Rebecca.Wheeler@Alorica.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		-			
· · · · · · · · · · · · · · · · · · ·					
Medallion Bank	]				
4315 Pickett Rd					
St Joseph, MO 64503					
SEE BELOW FOR SECURED PARTY CONTACT INFOR	MATION	THE ABOVE	SPACE IS FO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STA			
#20191115000424630 Date: 11/15/2019		(Form UCC3Ad) <u>and</u>			iment Addendum
2. TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated with res	pect to the security interest(s)	of Secured Part(y	)(ies) authorizing this Termin	nation Statement
3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and address For partial assignment, complete items 7 and 9; check ASSIGN Collateral by	of Assignee in item 7c	and name of Assignor in Item 9 se the affected collateral in Item	8		<u> </u>
4. CONTINUATION: Effectiveness of the Financing Statement identified at	· · · · · · · · · · · · · · · · · · ·	-		this Continuation Statement	t is continued for the
additional period provided by applicable law					
5. PARTY INFORMATION CHANGE:  AND Che	ck <u>one</u> of these three bo	exes to:			
Check one of these two boxes.	CHANGE name and/or item 6a or 6b; and item	address: Complete AD	D name: Comple or 7b, <u>and</u> item 7	te item DELETE name to be deleted in	
6. CURRENT RECORD INFORMATION: Complete for Party Information C			or 70, <u>and</u> item 7	c lo be deieted in	/ / / / / / / / / / / / / / / / / / /
6a. ORGANIZATION'S NAME					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	JAL NAME	ADDITIO	NAL NAME(S)/(NITIAL(S)	SUFFIX
Makofski	Dawn			<b>,</b> , , , , , , , , , , , , , , , , , ,	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info	rmation Change - provide only	one name (7a or 7b) (use exact, full r	ame, do not omit, mo	dify, or abbreviate any part of the C	Debtor's name)
7a. ORGANIZATION'S NAME					
OR TETRICITATE CHICKIANE					
Makofski					
INDIVIDUAL'S FIRST PERSONAL NAME					
Jeff					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
320 Cromwell	Maylen	<del></del>	AL	35114	USA
8. COLLATERAL CHANGE: Check only one box:	ADD collateral	DELETE collateral	<del></del>	<u> </u>	ASSIGN* collateral
Indicate collateral:	heck ASSIGN COLLATERAL	only if the assignee's power to amend	the record is limited to	o certain collateral and describe the	collateral in Section 8
INGROUND POOL - FIXTURE FILING	VI ENT OOLIN	T) / OF OUT D) / O			
THE FOLLOWING PROPERTY IS SITUATED IN MA TO WIT: CEDAR GROVE AT STERLING GATE SEC					LED T/V/D
PROPERTY ADDRESS: 320 CROMWELL, MAYLEN		WIF JS/USZ LOT JJ4	1 OLO 03 1		1 — 1 X 1 VVI
PARCEL ID#: 23-2-03-2-005-055-000	_,				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment authorized by a DEBTOR, check here and provide			(name of Assigno	or, if this is an Assignment)	
9a. ORGANIZATION'S NAME			· · · · · · · · · · · · · · · · · · ·		
Medallion Bank					
9b. INDIVIDUAL'S SURNAME	FIRST PERSOI	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
				·	
10. OPTIONAL FILER REFERENCE DATA:					
37906799					



202402120000034100 2/2 \$.00 Shelby Cnty Judge of Probate, AL 02/12/2024 10:00:19 AM FILED/CERT

## LICC EINIANICINIC STATENMENT ANNENIDMMENIT ADDENIDI INA

INITIAL FINANCING STATEMENT FILE NUMBER: 20191115000424630 Date: 11					
NAME OF PARTY AUTHORIZING THIS AMENDMEN	NT: Same as item 9 on Amendment fo	om			
12a, ORGANIZATION'S NAME  MEDALLION BANK					
4315 Pickett Rd St Joseph Mo	O 64503				
12b. INDIVIDUAL'S SURNAME					
FIRST PERSONAL NAME					
		1			
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE	SPACE IS FOR FILING OFFICE	USE ONL
Name of DEBTOR on related financing statement (N	-		_		Provide onl
one Debtor name (13a or 13b) (use exact, full name; do not	omit, modify, or abbreviate any part of	the Debtor's name	e); see Instructions if na 	ame does not fit 	
13a. ORGANIZATION'S NAME					
405 INION ADDITATIO CUIDNIANE		CONTAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
13b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME		ABBITION IE IN MIE (O)MATTINE (O)	
MAKOFSKI	DAWI  ITEM 8 (Collateral) OF	N		(Please Describe)	
MAKOFSKI	DAW	N			
MAKOFSKI	DAW	N			
MAKOFSKI	DAW	N			
MAKOFSKI	DAW	N			
136. INDIVIDUALS SURNAIVIE	DAW	N			
MAKOFSKI	DAW	N			
MAKOFSKI	DAW	N			
MAKOFSKI	DAW	N			
MAKOFSKI	DAW	N			

INGROUND POOL - FIX TURE FILING 16. Name and address of a RECORD OWNER of real estate described in item 17 THE FOLLOWING PROPERTY IS SITUATED (if Debtor does not have a record interest): IN MAYLENE, COUNTY OF SHELBY, STATE DAWN MAKOFSKI & JEFF MAKOFSKI OF ALABAMA 320 CROMWELL MAYLENE, AL 35114 TO WIT: CEDAR GROVE AT STERLING GATE SEC 2 PH 12B MB/MP 39/092 LOT 354 SEC 03 T21 R3W ALABASTER TWP PROPERTY ADDRESS: 320 CROMWELL, MAYLENE, AL 35114

PARCEL ID#: 23-2-03-2-005-055-000

18. MISCELLANEOUS: 37906799