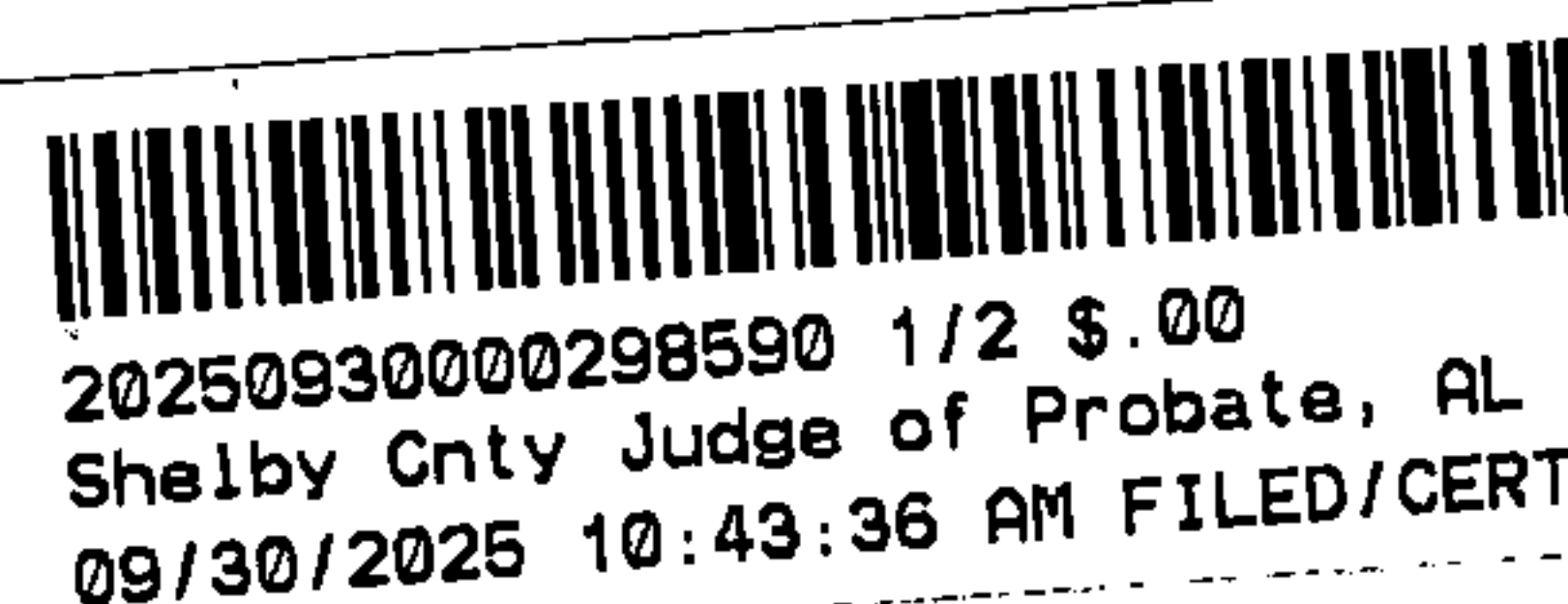


UCC FINANCING STATEMENT AMENDMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) STEPHANIE WEST 800 392 8308 Opt 5
B. E-MAIL CONTACT AT SUBMITTER (optional) Stephanie.West@Alorica.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Medallion Bank 4315 Pickett Rd St Joseph, MO 64503

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER File No. 20240624000188350 Date: 06/24/2024	1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13.
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2. ☒ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Part(y)(ies) authorizing this Termination Statement

3. ☐ ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9
For partial assignment, complete items 7 and 9; check ASSIGN Collateral box in Item 8 and describe the affected collateral in item 8

4. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. PARTY INFORMATION CHANGE:

Check one of these two boxes:

This Change affects ☐ Debtor or ☐ Secured Party of record

AND Check one of these three boxes to:

☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c

☐ ADD name: Complete item 7a or 7b, and item 7c

☐ DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S SURNAME

ROBBINS

FIRST PERSONAL NAME

JERRY

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S SURNAME

ROBBINS

INDIVIDUAL'S FIRST PERSONAL NAME

CHEREE

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7c. MAILING ADDRESS

1725 KING JAMES DR

CITY

ALABASTER

STATE

AL

POSTAL CODE

35007

COUNTRY

USA

8. COLLATERAL CHANGE: Check only one box:

☐ ADD collateral

☐ DELETE collateral

☐ RESTATE covered collateral

☐ ASSIGN* collateral

Indicate collateral:

*Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8

ROOFING - FIXTURE FILING

THE FOLLOWING PROPERTY IS SITUATED IN ALABASTER, COUNTY OF SHELBY, STATE OF ALABAMA

TO WIT: SUB: KINGS MEADOW 1ST SECTOR CORRECTED MB/MP: 10/012 LOT/BLOCK: 12/000 SEC 26 T20S R03W

PROPERTY ADDRESS: 1725 KING JAMES DR, ALABASTER, AL 35007

PARCEL ID#: 13-7-26-1-001-008-043

TOTAL VALUE OF COLLATERAL FOR AL RECORDATION TAX IS \$56,439.00

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME

MEDALLION BANK

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

46475489-55

UCC FINANCING STATEMENT AMENDMENT ADDENDUM
FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form
File No. 20240624000188350 Date: 06/24/2024

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form
12a. ORGANIZATION'S NAME
MEDALLION BANK
4315 PICKETT RD ST JOSEPH MO 64503
OR
12b. INDIVIDUAL'S SURNAME
FIRST PERSONAL NAME
ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

Barcode and filing information: 20250930000298590 2/2 \$.00, Shelby Cnty Judge of Probate, AL, 09/30/2025 10:43:36 AM FILED/CERT

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit
13a. ORGANIZATION'S NAME
OR
13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
ROBBINS JERRY

14. ADDITIONAL SPACE FOR (CHECK ONE BOX): [] ITEM 8 (Collateral) OR [] OTHER INFORMATION (Please Describe)

15. This FINANCING STATEMENT AMENDMENT: [] covers timber to be cut [] covers as-extracted collateral [X] is filed as a fixture filing
16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):
JERRY ROBBINS & CHEREE ROBBINS
1725 KING JAMES DR
ALABASTER, AL 35007
17. Description of real estate:
ROOFING - FIXTURE FILING
THE FOLLOWING PROPERTY IS SITUATED IN ALABASTER, COUNTY OF SHELBY, STATE OF ALABAMA
TO WIT: SUB: KINGS MEADOW 1ST SECTOR CORRECTED MB/MP: 10/012
LOT/BLOCK: 12/000 SEC 26 T20S R03W
PROPERTY ADDRESS: 1725 KING JAMES DR, ALABASTER, AL 35007
PARCEL ID#: 13-7-26-1-001-008-043

18. MISCELLANEOUS:
46475489-55