UCC-3				
0000				
		UCC	CONTINUATION)	20
		REC	CORDING FEES TE TAX	\$8.00
LIGO SINANONO OTITRIATAL ANATAIDMENT	r -		INTY TAX	\$0.00
UCC FINANCING STATEMENT AMENDMENT		PRES	SENTED & RECORDED: 07-	\$0.00
FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)		ı BK	: RB 2762	22-2019 02.01:51 PM
A. NAINE & PHONE OF CONTACT AT FILER (optional)			: 103	DEBORAH H. GUSLER
B. E-MAIL CONTACT AT FILER (optional)			H CAROLINA FEDERAL CRED	REGISTER OF DEEDS COLLETON COUNTY, SC
	·	PO BO	JX 190012	II UNION
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		CHAR	LESTON SC 29419	
South Carolina Federal Credit Union	7			
Attn: Business Services		1		
6265 Rivers Avenue				
North Charleston, SC 29406	1			
			CE IS FOR FILING OFFICE	
1a INITIAL FINANCING STATEMENT FILE NUMBER 20/15/100052/141/1/Voll:2285/Pg 100:	1	b. This FINANCING STATEM	ESTATE RECORDS	
			lendum (Form UCC3Ad) and provid	
TERMINATION: Effectiveness of the Financing Statement Identified above Statement	e is terminated wi	th respect to the security interest	(s) of Secured Party authorizin	g this Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b For partial assignment, complete items 7 and 9 and also indicate affected co		Assignee in item 7c and name of	Assignor in Item 9	
4. X CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law	ove with respect t	o the security interest(s) of Secu	red Party authorizing this Cont	nuation Statement is
5. PARTY INFORMATION CHANGE:		······································		
Check one of these two hoves: AND Check one	of these three bo		ne: Complete item DELETE	name: Give record name
المراث التي من مساول المراث		a or 7b and item 7c 7a or 7b,	and item 7c to be dele	eted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Change 6a. ORGANIZATION'S NAME	ge - provide only g	one name (6a or 6b)	 	·
od. Ortograma mono mana			•	
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIA	L(S) SUFFIX
Sahebekhtiari	Nannette			
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informati 7a. ORGANIZATION'S NAME	on Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, full na	me; do not omit, modify, or abbreviate ar	y part of the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME				
<u>:</u>				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
Madala Madala Madala Manala Ma				
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD) collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
Indicate collateral:				
		: : : : : : : : : : : : : : : : : : :	name of Assignor if this is an As	eignment)
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AI	MENDMENT: P	konge opià <u>ode</u> uswe (as ot ab) (i	name of Assignor, it this is an Ac	isigilinoity
If this is an Amendment authorized by a DEBTOR, check here and provide n	MENDMENT: P			
If this Is an Amendment authorized by a DEBTOR, check here and provide n 9a. ORGANIZATION'S NAME			Talle of Assignor, it this is all the	
If this Is an Amendment authorized by a DEBTOR, check here and provide not one of the second of the	name of authorizin	g Debtor		
If this Is an Amendment authorized by a DEBTOR, check here and provide not one of the second of the		g Debtor	ADDITIONAL NAME(S)/INITI/	
If this Is an Amendment authorized by a DEBTOR, check here and provide not one of the second of the	name of authorizin	g Debtor		

(Rev. 07/01/13)

SOUTH CAROLINA SECRETARY OF STATE'S OFFICE, 1205 Pendleton Street Suite 525 Columbia, SC 29201