

UCC-3 Form - ASSIGNMENT

Original File Number: **201819686520**

FILER INFORMATION

Full name: **BANK OZK**

Email Contact at Filer: **WENDY.BEAM@OZK.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **BANK OZK**

Mailing Address: **600 W COMMERCIAL ST**

City, State Zip Country: **OZARK, AR 72949 USA**

SECURED PARTY INFORMATION

Org. Name: **BANK OF THE OZARKS**

Mailing Address: **1700 MARKET PLACE BLVD**

City, State Zip Country: **CUMMING, GA 30041 USA**

ASSIGNEE INFORMATION

Org. Name: **BANK OZK**

Mailing Address: **600 W COMMERCIAL ST**

City, State Zip Country: **OZARK, AR 72949 USA**

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: BANK OF THE OZARKS

CUSTOMER REFERENCE: WB 1780 ANDREW D SMITH 7043
