	No. of Additional Sheets Presented:	This FINANCING STA	ATEMENT is presented to a Filir e Uniform Commercial Code.	ng Officer fo	or
Return copy or recorded original to:		THIS SPACE FOR USE OF FILI Date, Time, Number & Filing O	NG OFFICER		
Return To: LexisNexis Document Solution Post Office Box 2969 Springfield, Illinois 62708 Pre-paid Acct * Name and Address of Debtor Patterson, Sharon Lee Highway 31 and County Rd. 22 Calera, AL 35040	(Last Name First if a Person)			Inst * 2001-45840	10/23/2001-45840 1:43 PM CERTIFIED SELBY COUNTY JUNCE OF PROBATE OOL CHOD
Social Security/Tax ID # 2A. Name and Address of Debtor (IF ANY) Patterson, Edward Highway 31 and County Rd. 2 Calera, AL 35040	(Last Name First if a Person)				
Social Security/Tax_ID # ———————————————————————————————————	_	FILED WITH: AL-Shell	by County	<u>.</u>	<u> </u>
Additional debtors on attached UCC-E	·		- -		
P.O. Box 162247 Sacramento, CA 95816-2247 Social Security/Tax ID# Additional secured parties on attached UCC-E	<u>. </u>				
5. C) This statement refers to original Financing Stateme	ent bearing File No199	8-13318	4/14/1998,19		· · · · · · · · · · · · · · · · · · ·
Filed with AL-Shelby County 6. Continuation. The original financing statement bet 7. Termination. Secured Party no longer claims a sec 8. Partial or The Secured Party's right under the property described in item 11 or to a property described in item 11 or t	curity interest under the financing s financing statement bearing file nu all of the property listed on this file, n item 4. mber shown above is amended as s	cured Party, bearing file number sho atement bearing the file number shows above to the is assigned to the assignee et forth in item 11.	own above, is still effective.		
nef: 370-103 LISTING			1	Back o Best D Collate	Code(s) From If Form That Pescribes The Bral Covered Is Filling:
Check X if covered: Products of Collateral are also o	covered.			— - — -	
Crieck A il covereu Froducts of Collateral are also c		Kundo	2 Kobert	f	ts Agent LNL
Signature(s) of Debtor(s)			Secured Party(ies)		<u>.</u>
Signature(s) of Debtor(s) (necessary only if item 9 is	applicable)	The Money	Secured Party(ies) <u>v Store Investi</u>	ment (Corporation
1 1	FICER COPY - ACKNOWLEDGEMENT	Type Name of	Individual or Business STANDARD FORM UNIFOR Approved by The Se	M COMMER	CIAL CODE FORM UCC