NAME & PHONE OF CO	(front and back) CAREFULLY ONTACT AT FILER [optional]				
ATRICIA HUNTL		<u>.</u>			
	MENT TO: (Name and Address)	<b>—</b>			
	OWER COMPANY	li de la companya de			benef
BIRMINGHA	18TH STREET M AL 35291				n I
DII daii a				# <b>#</b> ~	<i>10 ™</i>
					יי מ
t		i i		$T_{i}$	
Ĺ		THE ABOVE S	PACE IS FO	R FICTING OFFICE USE	ONLY 1
. INITIAL FINANCING STAT	EMENT FILE #		1b. This	FINANCING STATEMENT	AMENDIMEN.
42897/SHELBY	·			e filed (fee record) (or record	180) III III B
B~ J	ectiveness of the Financing Statement identified above is				
CONTINUATION: E	ffectiveness of the Financing Statement identified abov	re with respect to security interest(s) of the Secur	red Party author	rizing this Continuation Sta	tement is
	onal period provided by applicable law.			in an O	
L	r partial): Give name of assignee in item 7a or 7b and a			<del></del> . <del></del> .	
	INFORMATION): This Amendment affects Deb		/ <u>one</u> of these t	wo doxes.	
ETT CHANCE some and/or	ring three boxes <u>and</u> provide appropriate information in it address: Give current record name in item 6a or 6b; also	o give new DELETE name: Give record no	ame MAD	D name: Complete item 7a	or 7b, and als
name (if name change)	in item 7a or 7b and/or new address (if address change)	in item 7c. to be deleted in item 6a or 6b.	rte	n 7c; also complete Items 7	o-/g (if applic
Ga. ORGANIZATION'S N	· · · · · · · · · · · · · · · · · · ·			<u></u>	<u>.</u> .,
Ca. Ortonina in on a re					
R 6b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
R 66. INDIVIDUAL'S LAST SWANNER	NAME	FIRST NAME SHAUN	MIDDLE R.	NAME	SUFFIX
SWANNER CHANGED (NEW) OR A	DDED INFORMATION:			NAME	SUFFIX
SWANNER	DDED INFORMATION:			NAME	SUFFIX
SWANNER  CHANGED (NEW) OR AL  7a. ORGANIZATION'S N	DDED INFORMATION:	SHAUN			SUFFIX
SWANNER CHANGED (NEW) OR AL 7a. ORGANIZATION'S N R 7b. INDIVIDUAL'S LAST	DDED INFORMATION:	SHAUN  FIRST NAME	R.		
SWANNER CHANGED (NEW) OR AL 78. ORGANIZATION'S N R 76. INDIVIDUAL'S LAST SWANNER	DDED INFORMATION:	SHAUN  FIRST NAME  TONYA	R.		SUFFIX
SWANNER CHANGED (NEW) OR AL 7a. ORGANIZATION'S N R 7b. INDIVIDUAL'S LAST SWANNER C. MAILING ADDRESS	DDED INFORMATION:  AME  NAME	SHAUN  FIRST NAME	R. MIDDLE G.	NAME	SUFFIX
SWANNER CHANGED (NEW) OR AL 78. ORGANIZATION'S N R 76. INDIVIDUAL'S LAST SWANNER SWANNER MAILING ADDRESS 61 HIGHWAY 22	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGANIZATION	SHAUN  FIRST NAME  TONYA  CITY	R.  MIDDLE  G.  STATE  AL	NAME POSTAL CODE	SUFFIX
SWANNER CHANGED (NEW) OR AL 78. ORGANIZATION'S N R 76. INDIVIDUAL'S LAST SWANNER SWANNER MAILING ADDRESS 61 HIGHWAY 22	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION	FIRST NAME TONYA CITY MONTEVALLO	R.  MIDDLE  G.  STATE  AL	NAME POSTAL CODE 35115	SUFFIX
SWANNER CHANGED (NEW) OR AL 78. ORGANIZATION'S N 75. INDIVIDUAL'S LAST SWANNER MAILING ADDRESS 61 HIGHWAY 22 L. TAX ID #: SSN OR EIN	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	FIRST NAME TONYA CITY MONTEVALLO	R.  MIDDLE  G.  STATE  AL	NAME POSTAL CODE 35115	SUFFIX
CHANGED (NEW) OR ALTON OR ALTO	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.	FIRST NAME TONYA CITY MONTEVALLO 71. JURISDICTION OF ORGANIZATION	R.  MIDDLE G. STATE AL 7g. ORG	NAME POSTAL CODE 35115	SUFFIX
CHANGED (NEW) OR ALTON'S NOT ALL TO ALL TAX ID #: SSN OR EIN	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	FIRST NAME TONYA CITY MONTEVALLO 71. JURISDICTION OF ORGANIZATION	R.  MIDDLE G. STATE AL 7g. ORG	NAME POSTAL CODE 35115	SUFFIX
CHANGED (NEW) OR ALTON'S NORGANIZATION'S NORGA	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.	FIRST NAME TONYA CITY MONTEVALLO 71. JURISDICTION OF ORGANIZATION	R.  MIDDLE G. STATE AL 7g. ORG	NAME POSTAL CODE 35115	SUFFIX
CHANGED (NEW) OR ALTON OR ALTO	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.	FIRST NAME TONYA CITY MONTEVALLO 71. JURISDICTION OF ORGANIZATION	R.  MIDDLE G. STATE AL 7g. ORG	NAME POSTAL CODE 35115	SUFFIX
SWANNER CHANGED (NEW) OR AL 78. ORGANIZATION'S N 75. INDIVIDUAL'S LAST SWANNER MAILING ADDRESS 61 HIGHWAY 22 TAXID #: SSN OR EIN	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.	FIRST NAME TONYA CITY MONTEVALLO 71. JURISDICTION OF ORGANIZATION	R.  MIDDLE G. STATE AL 7g. ORG	NAME POSTAL CODE 35115	SUFFIX
CHANGED (NEW) OR ALTON OR ALTO	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.	FIRST NAME TONYA CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION  all description, or describe collateral assigned	MIDDLE G. STATE AL 7g. ORG	POSTAL CODE 35115 ANIZATIONAL ID #, if any	SUFFIX
CHANGED (NEW) OR ALTON'S NORGANIZATION'S NORGA	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.	FIRST NAME TONYA CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION  all description, or describe collateral assigned	MIDDLE G. STATE AL 7g. ORG	POSTAL CODE 35115 ANIZATIONAL ID #, if any	SUFFIX
CHANGED (NEW) OR ALTON'S NORGANIZATION'S NORGA	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.	FIRST NAME TONYA CITY MONTEVALLO 71. JURISDICTION OF ORGANIZATION	MIDDLE G. STATE AL 7g. ORG	POSTAL CODE 35115 ANIZATIONAL ID #, if any	SUFFIX
CHANGED (NEW) OR ALTON'S NORGANIZATION'S NORGA	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.	FIRST NAME TONYA CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION  all description, or describe collateral assigned	MIDDLE G. STATE AL 7g. ORG	POSTAL CODE 35115 ANIZATIONAL ID #, if any	SUFFIX
CHANGED (NEW) OR ALTON'S NORGANIZATION'S NORGA	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.	FIRST NAME TONYA CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION  all description, or describe collateral assigned	MIDDLE G. STATE AL 7g. ORG	POSTAL CODE 35115 ANIZATIONAL ID #, if any	SUFFIX
CHANGED (NEW) OR ALTON'S NOT ALL TO A	DDED INFORMATION:  AMÉ  NAME  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box. Interest of the property of th	FIRST NAME TONYA CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION  all description, or describe collateral assigned  Inst. # 2	MIDDLE G. STATE AL 7g. ORG	POSTAL CODE 35115 ANIZATIONAL ID #, if any	SUFFIX
CHANGED (NEW) OR ALTON'S NOT ALL THE SWANNER  MAILING ADDRESS  HIGHWAY 22  TAXID #: SSN OR EIN  AMENDMENT (COLLAD Describe collateral del	DDED INFORMATION:  AMÉ  NAME  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.  Seted or   added, or give entire   restated collater.	FIRST NAME TONYA CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION  all description, or describe collateral assigned  Inst. # 2	MIDDLE G. STATE AL 7g. ORG	POSTAL CODE 35115 ANIZATIONAL ID #, if any	SUFFIX
CHANGED (NEW) OR ALTA. ORGANIZATION'S NOT ALL TO AL	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box. deted or   added, or give entire   restated collater.    PARTY OF RECORD AUTHORIZING THIS AM authorizing Debtor, or if this is a Termination authorized.	FIRST NAME TONYA CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION  all description, or describe collateral assigned assigned assigned by a Debtor, check here and enter name of Description and Descript	MIDDLE G. STATE AL 7g. ORG	POSTAL CODE 35115 ANIZATIONAL ID #, if any	SUFFIX
SWANNER CHANGED (NEW) OR AL 7a. ORGANIZATION'S N R 7b. INDIVIDUAL'S LAST SWANNER CHANGE ADDRESS 61 HIGHWAY 22 L. TAXID#: SSN OR EIN  AMENDMENT (COLLAD Describe collateral del Describe collateral del Pa. ORGANIZATION'S N	DDED INFORMATION:  AMÉ  NAME  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box. restated collater restated or added, or give entire restated collater restated collater and authorizing Debtor, or if this is a Termination authorized NAME	FIRST NAME TONYA CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION  all description, or describe collateral assigned  Inst. # 2	MIDDLE G. STATE AL 7g. ORG	POSTAL CODE 35115 ANIZATIONAL ID #, if any	SUFFIX
SWANNER CHANGED (NEW) OR AL 7a. ORGANIZATION'S N R 7b. INDIVIDUAL'S LAST SWANNER C. MAILING ADDRESS 61 HIGHWAY 22 II. TAX ID #: SSN OR EIN  AMENDMENT (COLLAD Describe collateral del Describe collateral del 9a. ORGANIZATION'S N	DDED INFORMATION:  AME  NAME  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box. deted or   added, or give entire   restated collater restated collater authorizing Debtor, or if this is a Termination authorized wame  WER COMPANY	FIRST NAME TONYA CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION  all description, or describe collateral assigned assigned to the second sec	MIDDLE G. STATE AL 7g. ORG	POSTAL CODE 35115 ANIZATIONAL ID #, if any  s an Amendment authorized orizing this Amendment.	SUFFIX