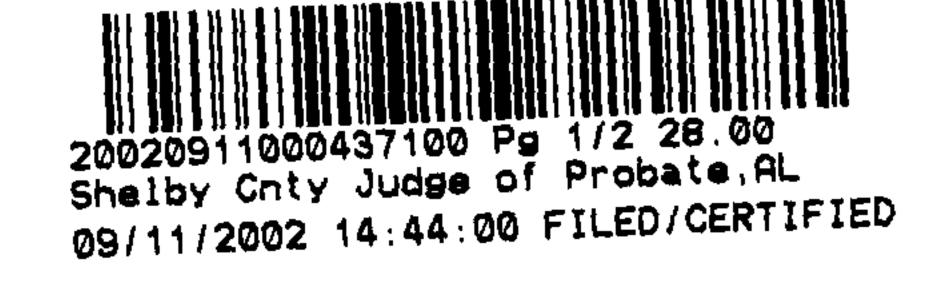
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<u> </u>	<u>-</u>	



		Walitzon	
ICC FINANCING STATEMENT AMENDI	VENT		
OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]			
3. SEND ACKNOWLEDGMENT TO: (Name and Address)			
LexisNexis Document Solutions			
PO Box 2969 Springfield, IL 62708			
		HE ABOVE SPACE IS FOR FILING OFFICE U	
a. INITIAL FINANCING STATEMENT FILE # 02/16	5/1998	1b. This FINANCING STATEN to be filed (for record) (or record) REAL ESTATE RECORDS	ecorded) in the
TERMINATION: effectiveness of the Financing Statement identified	above is terminated with respect to securit		
CONTINUATION: Effectiveness of the Financing Statement identification continued for the additional period provided by applicable law.	ed above with respect to security interest(s	s) of the Secured Party authorizing this Continuation Sta	tement is
	The and address of analogous in item 70: or	d also sive name of assisper is item 9	
ASSIGNMENT (full or partial): Give name of assignee in item 7a or		cord. Check only one of these two boxes.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Also check one of the following boxes and provide appropriate information in		cord. Check only bige of these two boxes.	
CHANGE name and/or address: Give current record name in item 6a or name (if name change) in item 7a or 7b and/or new address (if address	r 6b; also give new DELETE nau to be delete	me: Give record name ADD name: Complete ited in item 6a or 6b. Item 7c; also complete item	em 7a or 7b, and also ems 7d-7g (if applicable)
CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
d. TAX ID # SSN OR EIN ADD'NL INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	TION 7f. JURISDICTION OF ORGA	ANIZATION 7g. ORGANIZATIONAL ID #, if	any
S. AMENDMENT (COLLATERAL CHANGE): check only one box.		[——]	
Describe collateral deleted or added, or give entire restated	collateral description, or describe collateration	teral assigned.	
NAME OF SECURED PARTY OF RECORD AUTHORIZING TI adds collateral or adds the authorizing Debtor, or if this is a Termination aut			
Section 1. The section of the sectio		as to an undivided 60% in	terest,
Baton Rouge Bank & Trust Company 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	40% interest MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			
AL-Shelby County 04/0189955	1000	かけけらつから	

FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 019309 02/16/1998					
12. NAME OF PARTY AUTHORIZING THIS ALL 12a. ORGANIZATION'S NAME New South Federal Savings					
OR 126. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
		}			

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Nabors, Fred

1198 7th Avenue

PLEASANT GROVE, AL 35217