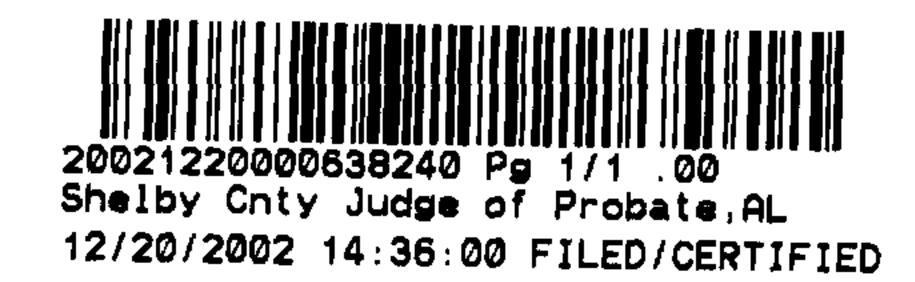
	 	-	
	 <u> </u>		



	C FINANCING LOW INSTRUCTIONS		ENT AMENDMENT					
	NAME & PHONE OF C							
В. \$	SEND ACKNOWLEDGN	MENT TO: (Nam	e and Address)	<del></del>				
	FI	106 EAS	BANK OF SHELBY COUNTY O BOX 977 T COLLEGE STREET BIANA, AL 35051					
1a.	INITIAL FINANCING STAT	EMENT FILE #			THE ABOVE SP		R FILING OFFICE US	
	SHELBY COUNTY INS		2	to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.				
2.	TERMINATION: Effe	ctiveness of the Fi	nancing Statement identified above is	terminated with r	espect to security interest(s) of t	he Secured I	Party authorizing this Te	rmination Statement.
3.[	CONTINUATION: Ef		Financing Statement identified above ed by applicable law.	with respect to se	curity interest(s) of the Secured	Party author	izing this Continuation S	Statement is
4.	ASSIGNMENT (full o	or partial): Give na	me of assignee in item 7a or 7b and a	ddress of assigned	in item 7c; and also give name	of assignor i	n item 9.	
			: This Amendment affects Debte	<b>L_</b> ,	d Party of record. Check only <u>on</u>	e of these tv	vo boxes.	
ſ	CHANGE name and/or a	ddress: Give curre	nd provide appropriate information in nt record name in item 6a or 6b; also	give new	DELETE name: Give record name		D name: Complete item	
	URRENT RECORD INF	ORMATION:	nd/or new address (if address change)	<u>in item /c.</u> 1	o be deleted in item 6a or 6b.	iten	n 7c; also complete item	s 7d-/g (if applicable).
ο <b>n</b>								
OR	6b. INDIVIDUAL'S LAST I		·11	FIRST NAME		MIDDLE NAME		SUFFIX
		LIMBAU(		<u> </u>	WADE			
	7a. ORGANIZATION'S NA		A HON:	·	<u> </u>	- <del></del>	<del></del>	<u></u>
OR								
j	76. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX	
7c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY	
- <del></del>								
/a.	TAX ID #: SSN OR EIN	ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	71. JURISDICTIO	N OF ORGANIZATION	7g. ORG.	ANIZATIONAL ID #, if a	·,
8. A	MENDMENT (COLLAT	<u></u>	): check only one box.					X NONE
			d, or give entire restated collaters	al description, or d	escribe collateral assigned.			
9 1	IAME OF SECURED F	ARTY OF REC	ORD AUTHORIZING THIS AMEN	IDMENT (name (	of assignor if this is an Assignme	ant) If this is	an Amendment authori	ized by a Debtor which
			or if this is a Termination authorized I					
	9a. ORGANIZATION'S NA	AME	FIDOT BLATIC	TALAL DANIZOS	CUELDV COLINTV	·		
OR	9b. INDIVIDUAL'S LAST	NAME	FIRST NATIO	JNAL BANK UP	SHELBY COUNTY	MIDDLE	JAMF	SUFFIX
	SP. HADIAIDOME S EWS I	·♥∕⋝፧♥▍▙		THIS I NAIVIE		IVIIUULE	4/-XIVIL	
10.	OPTIONAL FILER REFI	ERENCE DATA		<u></u>				