NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)

20085

IMPORTANT - READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM - DO NOT DETACH STUB

					200	30304000130560 P	'9 1/1 .00
					03/	04/2003 10:58:00	FILED/CERT
CC FINANCING	STATEME	NT AMENDM	ENT				
LLOW INSTRUCTIONS	S (front and back) C	CAREFULLY					
NAME & PHONE OF C	ONTACTATELER	i (optional)					
SEND ACKNOWLEDG	MENT TO: (Name	and Address)					
	st Commerc	ial Bank					
	Box 11746 mingham, A	T. 35282					
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				THE ADOME OF	ACE 16 EC	D EN ING GEEIGE HE	E ANI V
INITIAL FINANCING STAT	EMENT FILE #	_		INE ABOVE SE	1b. This	R FILING OFFICE US FINANCING STATEMEN	NT AMENDMEN
199	19-13556 S	Shelby County			D to b	e filed (for record) (or rec LL ESTATE RECORDS.	orded) in the
X TERMINATION: Eff	ectiveness of the Finan	scing Statement identified at	ove is terminated with respect to	security interest(s) of the	Secured Par	ty authorizing this Termina	ation Statement.
CONTINUATION: E continued for the addit			above with respect to security	interest(s) of the Secure	d Party autho	rizing this Continuation S	Statement is
			and address of assignee in item	7c: and also give name o	of assignor in i	tem 9	
الرصيصيب والواليات والمالية و		والمااها اعترسنها فالماليك والماليك	Debtor or Secured Party	زيز الرسال كالمناكب المناكس المناكس المناجس المناسب	والمتابية فالفارية	بكالملاف الملاحلة فالمالية المالية المالية المالية المالية المالية المالية المالية المالية المالية ا	
		L. rovide appropriate informatic	erit		<u> </u>		
CHANGE name and/or	address: Give current	record name in item 6a or 6 or new address (if address ch	b; also give new DELET	E name: Give record nar	ne AD	O name: Complete item in 7c; also complete items	7a of 7b, and als
CURRENT RECORD IN		I HOW AUGIOSS III AUGIOSS CI				IT TO AISO COMPLETE ITEMS	7 4-74 (II applica
8a. ORGANIZATION'S N		· TTO					
86. INDIVIDUAL'S LAST		panies, LLC	FIRST NAME		TAUDOLE		Leuceiv
DB. INDIVIDUAL S LAST	INVINE		LIKO I IKAME		MIDOLE	AVWE	SUFFIX
CHANGED (NEW) OR A	DDED INFORMATIO	N·					
7a. ORGANIZATION'S N							
7b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
MANUNC ADDRESS					CYATE -	IDOSTAL CODE	COUNTER
MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTR
	ADD'L INFO RE 7	e. TYPE OF ORGANIZATION	7f. JURISDICTION OF C	RGANIZATION	7g. ORG/	ANIZATIONAL ID #, if any	, /
TAX ID #: SSN OR EIN	ORGANIZATION DEBTOR						Γ],
TAX ID #: SSN OR EIN					L		
TAX ID #: SSN OR EIN		check only one box.					
MENDMENT (COLLA	TERAL CHANGE):	·	lateral description, or describe	collateral assigned			