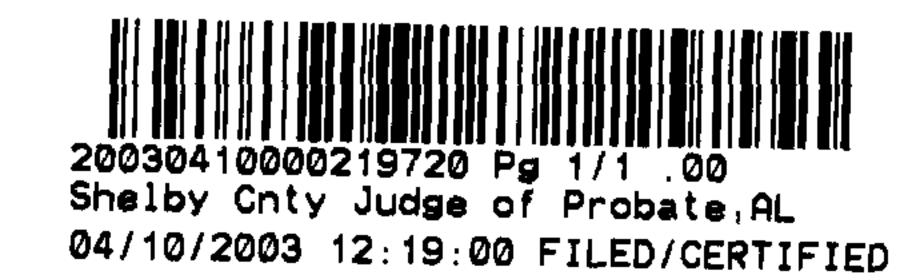
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MNJ58210914-34

UCC FINANCING STATEMENT AMENDME	NT		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional]			
SHELBY COUNTY ALABAMA B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
CT Comporation System 17.00 do - hone 31 # 17.00 Control of the 13.00			
	THE ABOVE S	PACE IS FOR FILING OFFICE U	SE ONLY
1a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEME	
2001-47091 DATED 11/1/01		to be filed [for record] (or re REAL ESTATE RECORDS	
2. TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to security interest(s) of th	والمستقل والمنتقل والمستقل	
3. CONTINUATION: Effectiveness of the Financing Statement identified all continued for the additional period provided by applicable law.		ورجعتن والمستراب	
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	d address of assignee in item 7c; and also give name	of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects [] [Also check one of the following three boxes and provide appropriate information in	Debtor or Secured Party of record. Check only	one of these two boxes.	
CHANGE name and/or address: Please refer to the detailed instructions	DELETE name: Give record name	☐ ADD name: Complete item 7a o	r7b, and also item 7c;
in regards to changing the name/address of a party. 6. CURRENT RECORD INFORMATION:	to be deleted in item 6a or 6b.	also complete items 7e-7g (if ap	plicable).
6a. ORGANIZATION'S NAME			<u> </u>
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
SMITHERMAN	MIKUL	\mathbf{R}	
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	ny NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Describe collateral deleted or added, or give entire restated collate	eral description, or describe collateral assigned	1 .	
O NAME OF SECURED DARRY OF DECORD ALITHOPIZING THIS AL			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN adds collateral or adds the authorizing Debtor, or if this is a Termination authorize			ed by a Debtor which
9a. ORGANIZATION'S NAME COTITUTED LICIT DANIE			
OR SOUTHTRUST BANK 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3	1	}	

(D.M.) PU3320 ACCT1025132521

MAR 28 2003