



A. NAME & PHONE OF CONTACT AT FILER [optional]				
CHRISTY BARNETTE  3. SEND ACKNOWLEDGMENT TO: (Name and Address				
	<u></u>			
ALABAMA TELCO CREDIT UNIO 1849 DATA DRIVE BIRMINGHAM, AL 35244	N			
<u>l</u>	THE	AROVE SDACE IS	EOD EN INC OFFICE	UOF ONLY
. INITIAL FINANCING STATEMENT FILE #			FOR FILING OFFICE	
SHELBY COUNTY 1999-38614		[ ] [	to be filed [for record] (or r REAL ESTATE RECORDS	3
TERMINATION: Effectiveness of the Financing Statemen	nt identified above is terminated with respect to security inte	rest(s) of the Secured	Party authorizing this Term	nination Statement.
CONTINUATION: Effectiveness of the Financing States continued for the additional period provided by applicable I	ment identified above with respect to security interest(s) o	f the Secured Party a	uthorizing this Continuatio	n Statement is
ASSIGNMENT (full or partial): Give name of assignee in		give name of assigna	r in item 9	
AMENDMENT (PARTY INFORMATION): This Amendm				
Also check one of the following three boxes and provide appropr	riate information in items 6 and/or 7.	viny <u>with</u> of the		
CHANGE name and/or address: Give current record name in name (if name change) in item 7a or 7b and/or new address	n item 6a or 6b; also give new DELETE name: Giv (if address change) in item 7c to be deleted in item	re record name	ADD name: Complete iter	m 7a or 7b, and als
CURRENT RECORD INFORMATION:			item 70, also complete ite	ins ru-ry (ii applica
6a. ORGANIZATION'S NAME			· · · · · · · · · · · · · · · · · · ·	
6b. INDIVIDUAL'S LAST NAME	FIDOT MANE			
REARDON	FIRST NAME SHELLEY		LE NAME	SUFFIX
	SITELLE	E		
CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME		<u></u>	······································	
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDD	LE NAME	SUFFIX
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REARDON	FRANK			<b>TTT</b>
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MAILING ADDRESS  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION	FRANK	E	E POSTAL CODE	COUNTRY
MAILING ADDRESS  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF OR ORGANIZATION   DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one	FRANK CITY  RGANIZATION 7f. JURISDICTION OF ORGANIZATION e box.	E STAT		COUNTRY
MAILING ADDRESS  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF OR ORGANIZATION   DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one	FRANK CITY  RGANIZATION 7f. JURISDICTION OF ORGANIZATION e box.	E STAT		COUNTRY
REARDON  MAILING ADDRESS  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF OR ORGANIZATION   DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only on deleted or   added, or give entire    NAME OF SECURED PARTY OF RECORD AUTHORI adds collateral or adds the authorizing Debtor, or if this is a Term    9a. ORGANIZATION'S NAME   ALABAMA TELCO CREDIT UNION	FRANK CITY  RGANIZATION  7f. JURISDICTION OF ORGANIZATION  g box.  restated collateral description, or describe collateral  ZING THIS AMENDMENT (name of assignor, if this is a	ON 7g. Of assigned.	RGANIZATIONAL ID #, if a	Ty COUNTRY
REARDON  MAILING ADDRESS  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION	FRANK CITY  RGANIZATION  7f. JURISDICTION OF ORGANIZATION  g box.  restated collateral description, or describe collateral  ZING THIS AMENDMENT (name of assignor, if this is a	ON 7g. Of assignment). If this ame of DEBTOR aut	RGANIZATIONAL ID #, if a	Ty COUNTRY