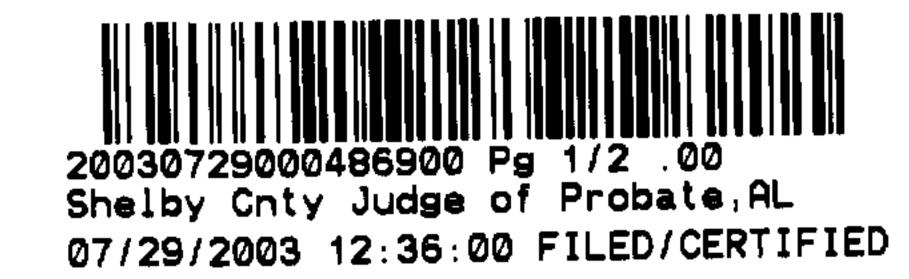
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FOLI	LOW INSTRUCTIONS (front and ba	ck) CAREFULLY	
11. 1	NITIAL FINANCING STATEMENT F	FILE # (same as item 1a on Amendme	ent form)
	2001-00941		· · · · · · · · · · · · · · · · · · ·
12.	NAME OF PARTY AUTHORIZING	THIS AMENDMENT (same as item	9 on Amendment form)
	12a. ORGANIZATION'S NAME		
	REGIONS BANK		
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
	LEIBMAN	REBECCA	S

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY