		Shelby Cnty	497050 Pg 1/2 .00 Judge of Probate, AL 09:25:00 FILED/CERTIF
UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Alagaseo 20 South 20 Stre Bham, Ala. 352			
1a. INITIAL FINANCING STATEMENT FILE# 2000-40244	THE AE	1b. This FINANCING ST	FICE USE ONLY FATEMENT AMENDMENT is d] (or recorded) in the CORDS.
 TERMINATION: Effectiveness of the Financing Statement identified above CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and AMENDMENT (PARTY INFORMATION): This Amendment affects Description 	d address of assignee in item 7c; and also go Debtor or Secured Party of record. Chan items 6 and/or 7.	he Secured Party authorizing this Continue of assignor in item 9. neck only one of these two boxes.	inuation Statement is
CHANGE name and/or address: Give current record name in item 6a or 6b; all name (if name change) in item 7a or 7b and/or new address (if address change). 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	also give new DELETE name: Give ge) in item 7c. to be deleted in item 6	·	lete item 7a or 7b, and also lete items 7d-7g (if applicable).
OR 6b. INDIVIDUAL'S LAST NAME Dayby	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME:	SUFFIX
7c. MAILING ADDRESS- 1616 Andian Springs Lane		STATE POSTAL COL	242
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATIO	7g. ORGANIZATIONAL	ID #, if any

9. NAME OF SECURED PARTY OF RECORD AUTI adds collateral or adds the authorizing Debtor, or if this is a	HORIZING THIS AMENDMENT (name of assignor, if this Termination authorized by a Debtor, check here and ent	s is an Assignment). If this is an Amendment aut ter name of DEBTOR authorizing this Amendme	horized by a Debtor which ent.
9a. ORGANIZATION'S NAME A A A A A A A A A A A A A A A A A A A			Taireenv
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral description, or describe collateral assigned.

UCC FINANCING STATEMENT AN		ADDENDUM		
FOLLOW INSTRUCTIONS (front and back) CAREFULI	Y			
11. INITIAL FINANCING STATEMENT FILE # (same as 2000 - 402	item 1a on Amendment for	m)		
12. NAME OF PARTY AUTHORIZING THIS AMENDA	ENT (same as item 9 on a	Amendment form)		
12a. ORGANIZATION'S NAME OR 12b. INDIVIDUAL'S LAST NAME FIRST NAME	* A C	MIDDLE NAME, SUFFIX		
12b. INDIVIDUAL'S LAST NAME FIRST NAME Dayby May 12b. INDIVIDUAL'S LAST NAME FIRST NAME	Wene	Sue		
13. Use this space for additional information				
			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	