



10/20/2003 14:10:00 FILED/CERTIFIED

	C FINANCING LOW INSTRUCTIONS		NT AMENDMEN	T				
	NAME & PHONE OF C							
B. S	SEND ACKNOWLEDGE	MENT TO: (Name	and Address)					
	FI	P 106 EAS	BANK OF SHELBY COUNTY O BOX 977 COLLEGE STREET BIANA, AL 35051					
1a.	INITIAL FINANCING STAT	TEMENT FILE #			THE ABOVE SP		FINANCING STATEMEN	
	SHELBY COUNTY INS	ST # 1997-0821	4			r to b	e filed [for record] (or rec L ESTATE RECORDS.	
2.			nancing Statement identified above i					
3.	CONTINUATION: E		Financing Statement identified above ed by applicable law.	e with respect to sec	urity interest(s) of the Secure	d Party author	izing this Continuation St	tatement is
4.	ASSIGNMENT (full	or partial): Give na	me of assignee in item 7a or 7b and	address of assignee	n item 7c; and also give name	e of assignor i	n item 9.	
			}J	— L	Party of record. Check only <u>o</u>	ne of these tv	vo boxes.	
	CHANGE name and/or	address: Give curre	<u>nd</u> provide appropriate information in nt record name in item 6a or 6b; also	o give new	LETE name: Give record nam		Diname: Complete item 7	-
6. C	URRENT RECORD IN		d/or new address (if address change	i) in item /cto	be deleted in item 6a or 6b.		7c; also complete items	/d-7g (it applicable).
i	6a. ORGANIZATION'S N	AME						
OR	6Ь. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME SUFFIX		SUFFIX
	BURCHFIELD				LARRY	Н		
	HANGED (NEW) OR A		ATION:					
	, a. ondanization on	/						
OR	7b. INDIVIDUAL'S LAST NAME		<u> </u>	FIRST NAME		MIDDLE	NAME	SUFFIX
7c. MAILING ADDRESS				CITY		STATE	IPOSTAL CODE	COUNTRY
70,1	TAILITE ADDITEOU							
7d.	TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION	7e. TYPE OF ORGANIZATION	71. JURISDICTION	OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if an	y
0 1	NACKIDA ACNIT (COLLA)	DEBTOR						XNONE
	MENDMENT (COLLA)	<u></u> -): check only <u>one</u> box. d, or give entire restated collate	eral description, or de	scribe collateral assigned	I.		
Ü	vescribe conditeral de	adde.	a, or give cittae [] restated condite	i ai description, or de	seribe conditional assigned	•		
							······································	
			ORD AUTHORIZING THIS AME or if this is a Termination authorized		_			
ļ	9a. ORGANIZATION'S N	AME	<u> </u>	<u></u>	<u></u>	 		
OR	FIRST NATIONAL B		COUNTY		(*			
	96. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
10.	OPTIONAL FILER REF	ERENCE DATA						