NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)

IMPORTANT — READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM --- DO NOT DETACH STUB

			20 Si	2031113000750620 Pg 1/2 helby Cnty Judge of Pro 1/13/2003 10:27:00 FILE	hate AL
OLLOW INSTRUCTION A. NAME & PHONE OF (G STATEMENT AME IS (front and back) CAREFULLY CONTACT AT FILER [optional] GMENT TO: (Name and Address)				
1a. INITIAL FINANCING STA	1440	t identified above is terminated with respe		IS FOR FILING OFFICE USE This FINANCING STATEMENT to be filed [for record] (or record REAL ESTATE RECORDS. Tred Party authorizing this Termination	AMENDMENT is ded) in the
ASSIGNMENT (full AMENDMENT (PART Also check one of the foll CHANGE name and/ CHANGE name and/	It or partial): Give name of assignee in ITY INFORMATION): This Amendmoving three boxes and provide approprior address: Give current record name in the initem 7a or 7b and/or new address.	item 7a or 7b and address of assignee in ent affects Debtor or Secured riate information in items 6 and/or 7.		gnor in item 9.	
7a. ORGANIZATION'S	ADDED INFORMATION: NAME	FIRSTNAME	2Vt	IDDLE NAME	SUFFIX
76. INDIVIDUAL'S LAS	ADD'L INFO RE 7e. YPE OF OORGANIZATION DEBTOR		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TATE POSTAL CODE 35/24 g. ORGANIZATIONAL ID #, if any	COUNTRY
·	LATERAL CHANGE): check only <u>or</u> deleted or added, or give entire	restated collateral description, or des	cribe collateral assigned.		
NAME OF SECURE	D PARTY of RECORD AUTHOR	RIZING THIS AMENDMENT (name of	assignor, if this is an Assignment).	If this is an Amendment authorized	by a Debtor whic
	ne authorizing Debtor, or if this is a Termonant Company of the State of the second of	mination authorized by a Debtor, check he	re and enter name of DEBTO		SUFFIX

NATIONAL UCC FINANCING STATEMENT AMENDMENT ADDENDUM (FORM UCC3Ad) (REV. 07/29/98)

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20031113000750620 Pg 2/2 .00 Shelby Cnty Judge of Probate, AL 11/13/2003 10:27:00 FILED/CERTIFIED

UCC FINANCING STATEMENT AMENDMENT ADDENDUM
FOLLOW INSTRUCTIONS (front and back) CAREFULLY
11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)
12a. ORGANIZATION'S NAME
12b. INDIVIDUAL'S LAST NAME FIRST NAME POR STATE A LICE FIRST NAME FIRST N
13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY