



| A. NAME & PHONE OF | F CONTACT AT FILER [optional] | | | |
|--|---|---|---|--|
| : | · | | | |
| B. SEND ACKNOWLE | DGMENT TO: (Name and Address) | | | |
| | C1 - 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | | |
| PO Box | Commercial Bank | | | |
| | gham, AL 35202 | | | |
| DITHITI | gnam, AL JJZUZ | | | |
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| | | THE ABO | OVE SPACE IS FOR FILING OFFICE | E USE ONLY |
| a. INITIAL FINANCING S | TATEMENT FILE # | | 1b. This FINANCING STATE | |
| 2000-4 | 3399 Shelby County | | to be filed [for record] (continued to be filed to be | |
| TERMINATION: | Effectiveness of the Financing Statement ident | tified above is terminated with respect to security interest | (s) of the Secured Party authorizing this Te | rmination Statement. |
| | Effectiveness of the Financing Statement identificational period provided by applicable law. | dentified above with respect to security interest(s) of the | Secured Party authorizing this Continua | tion Statement is |
| | | a or 7b and address of assignee in item 7c; and also give | name of accionar in Hem O | |
| | | ects Debtor or Secured Party of record. Che | | · |
| _ | ollowing three boxes <u>and</u> provide appropriate inf | | ck only <u>one</u> of these two buxes. | |
| CHANGE name and | d/or address: Please refer to the detailed instru | ctions DELETE name: Give record name | ADD name: Complete iter | n 7a or 7b, and also |
| . CURRENT RECORD | ing the name/address of a party. INFORMATION: | to be deleted in item 6a or 6b. | item 7c; also complete iter | ns /e-/g (if applicable). |
| 6a. ORGANIZATION'S | | , | | |
| Caldwe | 11 Mill, LLP | | | |
| 66. INDIVIDUAL'S LA | | FIRST NAME | MIDDLE NAME | SUFFIX |
| OB. INDIVIDUAL'S LA | | | | |
| OB. INDIVIDUAL'S LA | | | | |
| | R ADDED INFORMATION: | | | |
| | R ADDED INFORMATION: | | | |
| . CHANGED (NEW) OF 7a. ORGANIZATION'S | R ADDED INFORMATION: | | | |
| 7a. ORGANIZATION'S | R ADDED INFORMATION: | FIRST NAME | MIDDLE NAME | SUFFIX |
| 7a. ORGANIZATION'S 7b. INDIVIDUAL'S LA | R ADDED INFORMATION: | | | |
| 7a. ORGANIZATION'S | R ADDED INFORMATION: | FIRST NAME CITY | MIDDLE NAME STATE POSTAL CODE | SUFFIX |
| 7a. ORGANIZATION'S 7b. INDIVIDUAL'S LA | R ADDED INFORMATION: S NAME ST NAME | CITY | STATE POSTAL CODE | COUNTRY |
| . CHANGED (NEW) OF Ta. ORGANIZATION'S OR Tb. INDIVIDUAL'S LA | ADD'L INFO RE 76. TYPE OF ORGANIORGANIZATION | CITY | STATE POSTAL CODE | COUNTRY if any |
| Ta. ORGANIZATION'S Ta. ORGANIZATION'S Tb. INDIVIDUAL'S LA C. MAILING ADDRESS d. SEE INSTRUCTIONS | ADD'L INFO RE ORGANIZATION DEBTOR | CITY IZATION 7f. JURISDICTION OF ORGANIZATION | STATE POSTAL CODE | COUNTRY |
| 7a. ORGANIZATION'S 7b. INDIVIDUAL'S LA c. MAILING ADDRESS d. SEE INSTRUCTIONS AMENDMENT (COL | ADD'L INFO RE 70. TYPE OF ORGANIZATION DEBTOR LATERAL CHANGE): check only one box. | CITY IZATION 7f. JURISDICTION OF ORGANIZATION | STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, | COUNTRY if any |
| Ta. ORGANIZATION'S Ta. ORGANIZATION'S Tb. INDIVIDUAL'S LA C. MAILING ADDRESS d. SEE INSTRUCTIONS AMENDMENT (COL | ADD'L INFO RE 70. TYPE OF ORGANIZATION DEBTOR LATERAL CHANGE): check only one box. | CITY IZATION 7f. JURISDICTION OF ORGANIZATION | STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, | COUNTRY if any |
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| CHANGED (NEW) OF Ta. ORGANIZATION'S TA. ORGANIZATION'S TA. INDIVIDUAL'S LA. C. MAILING ADDRESS DESCRIBE COLLABORATIONS AMENDMENT (COL. Describe collateral X | ADD'L INFO RE 70. TYPE OF ORGANIZATION DEBTOR LATERAL CHANGE): check only one box. | CITY IZATION 7f. JURISDICTION OF ORGANIZATION | STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, | COUNTRY if any |
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| CHANGED (NEW) OF Ta. ORGANIZATION'S TO. INDIVIDUAL'S LA C. MAILING ADDRESS AMENDMENT (COL Describe collateral X Partia Lot 12 | ADD'L INFORE 7e. TYPE OF ORGANIORGANIZATION DEBTOR LATERAL CHANGE): check only one box. deleted or added, or give entire restricted release: 1 release: 8, according to the Storded in Map Book 31, | IZATION 7f. JURISDICTION OF ORGANIZATION ated collateral description, or describe collateral a | STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, ssigned. | if any No. |
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