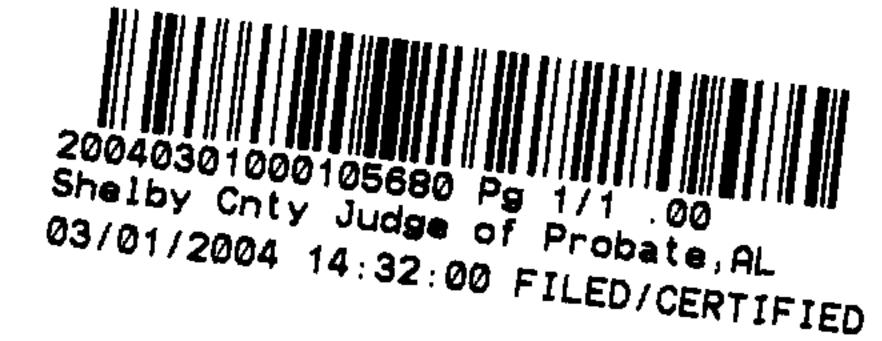
		**	



								32:00 FILED/CER
	C FINANCING OW INSTRUCTIONS		ENT AMENDMEN CAREFULLY	IT				
A. NA	AME & PHONE OF	CONTACT AT FI	LER [optional]					
B. SE	ND ACKNOWLEDG	MENT TO: (Nam	ne and Address)					
		P 106 E	BANK OF SHELBY COUNTY OF SHELBY COUNTY AST COLLEGE ST BIANA, AL 35051					
1a. INI	ITIAL FINANCING STA	TEMENT FILE #			THE ABOVE SP		R FILING OFFICE US	
SI	HELBY COUNTY IN		<u> </u>		to RE	be filed [for record] (or re AL ESTATE RECORDS.	corded) in the	
2. X			inancing Statement identified above		<b></b>			
3.	continued for the add	Effectiveness of the itional period provid	Financing Statement identified aboved by applicable law.	ve with respect to secu	rity interest(s) of the Secured	Party author	orizing this Continuation S	Statement is
4.	ASSIGNMENT (full	or partial): Give na	me of assignee in item 7a or 7b and	d address of assignee in	n item 7c; and also give name	of assignor	in item 9.	·
					Party of record. Check only or	ne of these t	wo boxes.	
	CHANGE name and/or	address: Give curre	nd provide appropriate information in the second name in item 6a or 6b; als	so dive new	LETE name: Give record name	· <b>Γ</b> ¬ ΔΓ	ID name: Complete item	70 or 76 and also
	name (if name change RRENT RECORD IN	In item /a or 7b ai	nd/or new address (if address chang		be deleted in item 6a or 6b.		D name: Complete item m 7c; also complete item	s 7d-7g (if applicable).
	a. ORGANIZATION'S N	···	<u> </u>			· · · · · · · · · · · · · · · · · · ·		
OR 6	o. INDIVIDUAL'S LAST	NAME	······································	TODOT NATAT		<b>—</b>		
	S. HEDIVIDOAL S LAST	BOLAN		FIRST NAME	WENDY	MIDDLE	NAME	SUFFIX
7. CH	ANGED (NEW) OR		······································	<u> </u>				
	ORGANIZATION'S N	·		<u> </u>	······································			
OR 76	. INDIVIDUAL'S LAST	NAME	·	FIRST NAME		TAND BUE		
			FIRST NAME		MIDDLE NAME		SUFFIX	
7c. MA	ILING ADDRESS	<u> </u>	· · · · · · · · · · · · · · · · · · ·	CITY		STATE	POSTAL CODE	COUNTRY
7 <u>4 "TAS</u>	X ID #: SSN OR EIN	TADOUT MICA DE	7 7000 00000000000000000000000000000000		<u> </u>			
/ U. TA/	A ID #: SSIN OR EIN	ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION	OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if ar	ıγ
8. AM	ENDMENT (COLLA		): check only one box.					X NONE
			d, or give entire restated collate	eral description, or desc	cribe collateral assigned.			
				•	usungnou.			
							~	
A A IA	AE OF SECURED I	DADTV or DEGG						
adds	collateral or adds the a	authorizing Debtor,	ORD AUTHORIZING THIS AME or if this is a Termination authorized	NUMENT (name of a by a Debtor, check he	ssignor, if this is an Assignme re ┌── and enter name of DE	nt). If this is BTOR auth	an Amendment authoriz	ed by a Debtor which
9a.	ORGANIZATION'S N	AME		<del> </del>				
JR	RST NATIONAL BA		COUNTY					
1 30	· IIADIAIDONE 2 FW21	HAWINE		FIRST NAME		MIDDLE	IAME	SUFFIX
0. OP	TIONAL FILER REFI	ERENCE DATA					<del></del>	
	BOLAN							