



ICO EILIANOINI				
JUC PINANCINO	STATEMENTAMENDMEN			
	(front and back) CAREFULLY ONTACT AT FILER [optional]			
JILL RAINER (662	- ' -			
B. SEND ACKNOWLEDG	MENT TO: (Name and Address)			
DANICODRO	Λ1 7701 T YN ΑΝΙΤΖ			
PO BOX 436	OUTH BANK			
	S 38803-4360			
		THE ABOVE SE	PACE IS FOR FILING OFFICE	USE ONLY
1a. INITIAL FINANCING STAT		20/01/1000	1b. This FINANCING STATEM to be filed [for record] (or record)	
	WITH SHELBY COUNTY, AL ON (REAL ESTATE RECORDS	S
	ectiveness of the Financing Statement identified above is			
) B	ffectiveness of the Financing Statement identified above onal period provided by applicable law.	e with respect to security interest(s) of the Secure	ed Party authorizing this Continuation	n Statement is
4. ASSIGNMENT (full of	or partial): Give name of assignee in item 7a or 7b and a	ddress of assignee in item 7c; and also give name of	of assignor in item 9.	<u></u>
5. AMENDMENT (PARTY	INFORMATION): This Amendment affects Deb	tor or Secured Party of record. Check only	one of these two boxes.	
	ring three boxes <u>and</u> provide appropriate information in ite			
CHANGE name and/or name (if name change)	address: Give current record name in item 6a or 6b; also in item 7a or 7b and/or new address (if address change)	give new in item 7c. DELETE name: Give record name to be deleted in item 6a or 6b.	ne ADD name: Complete ite item 7c; also complete ite	m 7a or 7b, and also ms 7d-7g (if applicable)
6. CURRENT RECORD IN				· · · · · · · · · · · · · · · · · · ·
6a. ORGANIZATION'S N		A A TRIC!		
OR 66. INDIVIDUAL'S LAST	BY BAPTIST CHURCH OF ALABAN	VIA INC FIRST NAME	MIDDLE NAME	SUFFIX
				JOILEIX
7. CHANGED (NEW) OR A	ODED INFORMATION:			
7a. ORGANIZATION'S N				
OR				
7b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME	SUFFIX
I			Ī	
7c. MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY
	TADD'I INFO RE TOPE OF ORGANIZATION			
	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	CITY 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if a	any
7d. TAX ID #: SSN OR EIN	ORGANIZATION DEBTOR			
7d. TAX ID#: SSN OR EIN 8. AMENDMENT (COLLA	ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	any
7d. TAX ID #: SSN OR EIN 8. AMENDMENT (COLLA	ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	any
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7d. TAX ID#: SSN OR EIN 8. AMENDMENT (COLLA	ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	any
7d. TAX ID#: SSN OR EIN 8. AMENDMENT (COLLA Describe collateral del	ORGANIZATION DEBTOR TERAL CHANGE): check only one box. eted or added, or give entire restated collatera	7f. JURISDICTION OF ORGANIZATION Il description, or describe collateral assigned	7g. ORGANIZATIONAL ID #, if a	any NON
7d. TAX ID #: SSN OR EIN 8. AMENDMENT (COLLA Describe collateral dei	ORGANIZATION DEBTOR TERAL CHANGE): check only one box. eted or added, or give entire restated collateral	7f. JURISDICTION OF ORGANIZATION Il description, or describe collateral assigned.	7g. ORGANIZATIONAL ID #, if a	ized by a Debtor which
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