

| A. NAME & PHONE OF C | CONTACT AT FIL | ER [optional] | | | | | |
|--|--|---|--|----------------------|----------------|--|---|
| 3. SEND ACKNOWLEDG | MENT TO: (Nan | ne and Address) | | | | | |
| <u> </u> | · | | | | | | |
| | | | | | | | |
| FIRST | COMMERCIA | L BANK | | | | | |
| PO BOX | 11746 | | | | | | |
| BIRMIN | IGHAM, AL | 35202 | | | | | |
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| } | | | THE ABOV | E SPACE | IS FO | R FILING OFFICE US | EONLY |
| a. INITIAL FINANCING STA | TEMENT FILE # | | | 1k | | FINANCING STATEMENT of tiled [for record] (or rec | |
| 2000-43399 | SHELBY | | | | RE/ | AL ESTATE RECORDS. | |
| | | | s terminated with respect to security interest(s) | | | | |
| CONTINUATION: continued for the additional continued for the continued for the additional continued for | | • | ve with respect to security interest(s) of the S | ecured Part | ty autho | rizing this Continuation S | Statement is |
| . ASSIGNMENT (full | or partial): Give nan | ne of assignee in item 7a or 7b and a | address of assignee in item 7c; and also give na | ame of assi | gnor in i | item 9. | <u> </u> |
| AMENDMENT (PART) | / INFORMATION |): This Amendment affects De | btor or Secured Party of record. Check | only <u>one</u> of | these t | wo boxes. | |
| | _ | d provide appropriate information in i | | -تيس | 3 400 | | 7 b |
| in regards to changing | | fer to the detailed instructions of a party. | DELETE name: Give record name to be deleted in item 6a or 6b. | | item 7 | name: Complete item 7a c: also complete items 7e | or /b, and also -7g (if applicable). |
| . CURRENT RECORD IN | | | -··· - | | | | |
| | | 7 | | | | | |
| CALDWELL 66. INDIVIDUAL'S LAST | NAME LLL | ,, | FIRST NAME | | MIDDLE NAME | | SUFFIX |
| | | | | | | | |
| . CHANGED (NEW) OR A | DDED INFORMAT | ION [.] | | | | | |
| 7a. ORGANIZATION'S N | | | | <u> </u> | :- | | |
| _ | | | | | | | |
| R L | NAME | FIRST NAME | | MIDDLE NAME | | SUFFIX | |
| 76. INDIVIDUAL'S LAST | | | | | | | |
| 76. INDIVIDUAL'S LAST | | | | — —— — | | POSTAL CODE | COUNTRY |
| 76. INDIVIDUAL'S LAST | <u> </u> | | CITY | s | TATE | | |
| c. MAILING ADDRESS | ADD'I INFO RE | TA TYPE OF ORGANIZATION | | | | | |
| 7b. INDIVIDUAL'S LAST | ORGANIZATION | 7e. TYPE OF ORGANIZATION | 7f. JURISDICTION OF ORGANIZATION | | | ANIZATIONAL ID #, if any | / / |
| c. MAILING ADDRESS | ORGANIZATION DEBTOR | | | | | | <u> </u> |
| c. MAILING ADDRESS d. SEE INSTRUCTIONS AMENDMENT (COLLA | ORGANIZATION DEBTOR TERAL CHANGE | E): check only <u>one</u> box. | 7f. JURISDICTION OF ORGANIZATION | 75 | | | / / |
| c. MAILING ADDRESS d. SEE INSTRUCTIONS AMENDMENT (COLLA | ORGANIZATION DEBTOR TERAL CHANGE | E): check only <u>one</u> box. | | 75 | | | / / |
| c. MAILING ADDRESS d. SEE INSTRUCTIONS AMENDMENT (COLLADoscribe collateral X de | ORGANIZATION DEBTOR TERAL CHANGE leted or added, | E): check only <u>one</u> box. or give entire restated collater | 7f. JURISDICTION OF ORGANIZATION | 75 | | | / / |
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| c. MAILING ADDRESS d. SEE INSTRUCTIONS AMENDMENT (COLLA Describe collateral X de LOT 53 | ORGANIZATION DEBTOR ATERAL CHANGE leted or added, AL RELEASI 3, ACCORD | E): check only one box. or give entire restated collater. E: ING TO THE SURVEY | 7f. JURISDICTION OF ORGANIZATION | igned. | OSS | ENGS, 2ND SE | CTOR AS |
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| c. MAILING ADDRESS d. SEE INSTRUCTIONS AMENDMENT (COLLADOSCIDO COLLADOSCIDO COLLADOSCIDA COLLADOSCIDO COLLADOSCIDO COLLADOSCIDO COLLADOSCIDO COLLADOSCIDO COLLA | ORGANIZATION DEBTOR ATERAL CHANGE leted or added, AL RELEASE BED IN MAI PARTY OF RECO | E): check only one box. or give entire restated collater. E: ING TO THE SURVEY P BOOK 32, PAGE 7 | 7f. JURISDICTION OF ORGANIZATION al description, or describe collateral assi OF PHASE FOUR CALDWE IN THE PROBATE OFFI | igned. ELL CR CE OF | OSS: | INGS, 2ND SE ELBY COUNTY, | CTOR AS ALABAMA. |
| The Individual's Last C. MAILING ADDRESS DESCRIBE INSTRUCTIONS AMENDMENT (COLLA Describe collateral X de PARTIA LOT 5: RECORI NAME OF SECURED adds collateral or adds the | ORGANIZATION DEBTOR ATERAL CHANGE leted or added, AL RELEASE OED IN MAI PARTY OF RECOgnition and the control of the contro | E): check only one box. or give entire restated collater. E: ING TO THE SURVEY P BOOK 32, PAGE 7 | 7f. JURISDICTION OF ORGANIZATION al description, or describe collateral assi | igned. ELL CR CE OF | OSS: | INGS, 2ND SE ELBY COUNTY, | CTOR AS ALABAMA. |
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REORDER FROM

Registré, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 55303
(763) 421-1713