UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

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

01545

P.O. BOX 218 ANOKA, MN. 55303

(763) 421-1713

			20041001000543590 Pg Shelby Cnty Judge of	1/1 28.00	
FOLLOW INSTRUCTIONS	STATEMENT AMENDMEN (front and back) CAREFULLY	JT	10/01/2004 12:00:00 F	·	
	ONTACT AT FILER [optional]				
B. SEND ACKNOWLEDG	MENT TO: (Name and Address)				
<u> </u>	ommercial Bank des Creek Parkway ham Al 35209				
1a. INITIAL FINANCING STAT	EMENT FILE #	THE ABOVE S	1b. This FINANCING STATE		
2000-43399	2000-43399 Shelby County			to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.	
2. TERMINATION: Effe	ectiveness of the Financing Statement identified above i	is terminated with respect to security interest(s) of t			
	ffectiveness of the Financing Statement identified about onal period provided by applicable law.	ove with respect to security interest(s) of the Secu	red Party authorizing this Continual	tion Statement is	
	r partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give name	of assignor in item 9.		
	INFORMATION): This Amendment affects De				
	ving three boxes <u>and</u> provide appropriate information in				
		DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete iten item 7c; also complete iten		
OR 6b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
7. CHANGED (NEW) OR AD	······				
7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
c. MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY	
7d. SEE INSTRUCTIONS	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #,	if any	
•	TERAL CHANGE): check only <u>one</u> box. Sted or added, or give entire restated collater	ral description, or describe collateral assigne	d.		
Partial R	elease:				
	, according to the Survey d in Map Book 32, Page 10		•	•	
	ARTY OF RECORD AUTHORIZING THIS AME uthorizing Debtor, or if this is a Termination authorized ME				
∩p	ercial Bank				
96. INDIVIDUAL'S LAST I	NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
10. OPTIONAL FILER REFEREI Caldwell M					
FILING OFFICE (OPY UCC FINANCING STATEM	ENT AMENDMENT (FORM UCC3) (REV.	05/22/02)	REORDER FROM Registré, Inc. 514 PIERCE ST.	

FILING OFFICE COPY