

A. NAME & PHONE O Cathy Padgett: 2	F CONTACT AT FILER [optional]				
<u> </u>	DGMENT TO: (Name and Address)				
- OLIND AONNOTTLE	DOMENT TO: (Name and Address)				
Compass I	Bank				
4958 Valle	ydale Road, Suite 101				•
Birmingha	m, AL 35242				
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<u></u>		THE ABOVE	SPACE IS FOR FILIN	JG OFFICE LISE (	או ע
a. INITIAL FINANCING S	TATEMENT FILE #			CING STATEMENT	
20051024000550580				to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.	
. TERMINATION:	Effectiveness of the Financing Statement identified abo	ove is terminated with respect to security interest(s) of			Statement.
CONTINUATIO	I: Effectiveness of the Financing Statement identified dditional period provided by applicable law.				
ASSIGNMENT (	full or partial): Give name of assignee in item 7a or 7b	and address of assignee in item 7c; and also give nar	ne of assignor in item 9.		
	······································	Debtor or Secured Party of record. Check or	·	s.	
	ollowing three boxes <u>and</u> provide appropriate information				
CHANGE name an	d/or address: Give current record name in item 6a or 6b	o; also give new DELETE name: Give record ange) in item 7c. Use to be deleted in item 6a or 6b	name ADD name:	: Complete item 7a c	or 7b, and also
CURRENT RECORD		ango, in nom vo.			
6a. ORGANIZATION	'S NAME	<del></del>	··· <del>·····</del>	· · · · · · · · · · · · · · · · · · ·	
<b>:</b>	Investments, LLC		•		
6b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	MIDDLE NAME SUFFIX	
				•	
. CHANGED (NEW) O	R ADDED INFORMATION:				
7a. ORGANIZATION	'S NAME	· · · · · · · · · · · · · · · · · · ·			<u> </u>
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7b. INDIVIDUAL'S L	AST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
		· · · · · · · · · · · · · · · · · · ·			
c. MAILING ADDRESS		CITY	STATE POSTA	AL CODE	COUNTRY
d. TAX ID #: SSN OR	EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATI	ONAL ID #, if any	N
	DEBTOR				
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