	No. of Additional Sheets Presented:	This FINANCING STATEMENT is presented to a Filing Officer for
1 Return copy or recorded original to:		THIS SPACE FOR USE OF EN INC. OF THE CODE.
AmSouth Bank N.A	_	Date. Time, Number & Filing Office
P.O. Box 966		
Alabaster, Al. 39	5007	
Pre-paid Acct. #		LQ
Name and Address of Debtor	// not bloom for	rson)
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CURED PARTY) (Last Name First if a Person)	··· <u>··</u>	
(Terson)		4. ASSIGNEE OF SECURED PARTY (IF ANY)
		(IF ANY) (Last Name First if a Person)
		
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as defined in ALA CODE 7-9-105(n).