NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)

12695 IMPORTANT — READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM — DO NOT DETACH STUB

JCC FINANCING OLLOW INSTRUCTIONS A. NAME & PHONE OF CO. B. SEND ACKNOWLEDG WESTOVER 10508 HV HARPERSV	ONTACT AT FILE MENT TO: (Name OF TRACTO OF 280	CAREFULLY ER (optional) ne and Address)	DMENT		THE ABOUT OR			1nst +	D1=57 PM CERTIFIED SHELBY COUNTY JUDGE OF PRODATE
a. INITIAL FINANCING STAT					THE ABOVE SPA	1b. Thi	FINANCING STA	TEMENT A	MENDMENT is
2000-171		5-25-00	SHELE			L. RE	be filed [for record] AL ESTATE RECO	RDS.	
CONTINUATION: EM				·					
continued for the additi	onal period provide	d by applicable law.	delicated spore with t	sspect to security in	relear(s) or the Sechled	Party auth	onzing this Continu	lation States	nent is
AMENDMENT (PARTY Also check one of the follow CHANGE name and/or name (if name change) CURRENT RECORD INF 6a. ORGANIZATION'S NA R 6b. INDIVIDUAL'S LAST	ring three boxes <u>and</u> address: Give curre in item 7a or 7b and ORMATION:	d provide appropriate im ent record name in item	formation in items 6 a 6a or 6b; also give ne fress change) in item	nd/or 7. W DELETE:	name: Give record name ted in item 6a or 6b.	• [7] 4(DD name: Complete m 7c: also complete	e item 7a or e items 7d-7	a (If applicable
CHANGED (NEW) OR AD		ION;			·····	MILDOCE			SUFFIX
7a. ORGANIZATION'S NA	ME		<u> </u>		<u>- ∵</u>		<u> </u>	-	····
7b. INDIVIDUAL'S LAST NAME			FIRST	FIRST NAME			MIDDLE NAME		SUFFIX
C. MAILING ADDRESS			CITY	CITY			STATE POSTAL CODE		COUNTRY
TAX ID #: SSN OR EIN ADD'L INFO RE 70. TYPE OF ORGANIZATION			IZATION 7f. JU	7f. JURISDICTION OF ORGANIZATION			7g. ORGANIZATIONAL ID #, if any		
AMENDMENT (COLLA)	DEBTOR			——————————————————————————————————————					NON
Describe collateral dela									
	7/10 July 2								
NAME OF SECURED P adds collateral or adds the ad 9a. ORGANIZATION'S NA	uthorizing Debtor, o	r if this is a Termination	authorized by a Debt	T (name of assignor or, check here a	, if this is an Assignment nd enter name of DEBT	t). If this is a	an Amendment auti Izing this Amendme	norized by a unt.	Debtor which
9a. ORGANIZATION'S NA	ME OIT ACCE	RD AUTHORIZING or if this is a Termination PTANCE LI	authorized by a Debt	or, check here	, if this is an Assignment and enter name of DEBT	t). If this is a OR author	izing this Amendme	ont.	Debtor which

10. OPTIONAL FILER REFERENCE DATA