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

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

P.O. Box	S (front and back) CARE CONTACT AT FILER [op	tional) Address)	NT			Inst # 2002-05556	CEVILLY COUNTY JUNES OF PROBATE 101 ME. W. SHELBY COUNTY JUNES OF PROBATE 101 ME. 101
<u></u>				THE ABOVE SPA	ACE IS FO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STAT			•			is FINANCING STATEMEN be filed [for record] (or recor	
Inst #1997  2 XX TERMINATION: E		Statement identified above to	terminated with	oct to security interest(s) of the S	<b> </b> J RE	AL ESTATE RECORDS.	
3. CONTINUATION:	Effectiveness of the Financi	ng Statement identified above		y interest(s) of the Secured Par			
CONTINUES TO THE AUG	nonal period provided by apt	olicable law.					nt is
				item 7c; and also give name of			
<ol> <li>AMENDMENT (PART Also check <u>one</u> of the follo</li> </ol>	Y INFORMATION): This wing three boxes <u>and</u> provide	Amendment affects De De appropriate information in ite	ebtor <u>or</u> Secured ems 6 and/or 7.	Party of record. Check only on	e of these tw	vo boxes.	
		rd name in item 6a or 6b; also v address (if address change)		DELETE name: Give record name of the deleted in item 6a or 6b.		ADD_name: Complete item 7	a or 7b, and also
6. CURRENT RECORD II 6a. ORGANIZATION'S N	NFORMATION:		· ·			tem 7c; also complete items	ru-rg (ii applicable).
6b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME SUFFIX		SUFFIX
Slaughter			Claude				
7. CHANGED (NEW) OR 7. 7a. ORGANIZATION'S N				. <u>.                                   </u>		<u>.</u>	
7b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	NAME	SUFFIX
							Joonna
c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
d. TAX ID #: SSN OR EIN	ADD'L INFO RE 7e. TY ORGANIZATION DEBTOR	PE OF ORGANIZATION	7f. JURISDICTION	OF ORGANIZATION	7g. ORG	ANIZATIONAL ID#, if any	
AMENDMENT (COLLA)	ERAL CHANGE): check	only <u>one</u> box.			I	······································	NONE
		entire restated collater		assignor, if this is an Assignment	ant) If this is	an Amandmant authority	hu a Dahi-
adds collateral or adds the	authorizing Debtor, or if this i	s a Termination authorized by	a Debtor, check here	and enter name of DEBT			by a Debtor which
9a. ORGANIZATION'S N					, <u></u> "	<u> </u>	
9b. INDIVIDUAL'S LAST I	tional Bank o	ot Talladega	EIDOT MANO	<del>-</del>	T		
Jan Harrison Lagri			FIRST NAME		MIDDLE N	NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA