SEND ACKNOWLEDGMENT TO: (Name and Address) COLONIAL BANK PO BOX 6 ANNISTON, AL. 36202 SHELBY COUNTY JUNGS OF PROBATE OUT ASS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE # 2001-36149 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7s or 7b and address of assignee in item 7c; and also give name of assigner in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these law boxes. Name of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 80 or 8b; also give new name (if name change) in tem 7c. and on new address (if address change) in tem 7c. Debtor or	. NAME & PHONE OF CO	(front and back) CAREFULLY ONTACT AT FILER [optional]		Inst # 2002-06781			
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