A. NAME & PHONE OF	G STATEMENT AMENDMENS (front and back) CAREFULLY CONTACT AT FILER (optional)	NT .		2-08863	18863 11 F 1 E D 1888 E
B. SEND ACKNOWLED	GMENT TO: (Name and Address)			2003	02-00 CFR77
Quality PO Box	Loan Co Inc			*	DS/S
	ville, Al 35078			مد <u>ال</u> ا شر	12/22 12/22 12/22
L				[]	0 0
a. INITIAL FINANCING STA	TEMENT FILE #	THE ABOVE	to be fik	ILING OFFICE US NANCING STATEMEN ed [for record] (or record)	T AMENDMENT is
	ffectiveness of the Financing Statement identified above Effectiveness of the Financing Statement identified a		of the Secured Party at	thorizing this Termina	
continued for the add	itional period provided by applicable law.				AZIONION IS
· · · · · · · · · · · · · · · · · · ·	or partial): Give name of assignee in item 7a or 7b ar Y INFORMATION): This Amendment affects				
	owing three boxes <u>and</u> provide appropriate information		any <u>one</u> or these two	DOXES.	
LI name (if name chance	or address: Give current record name in Item 6a or 6b; a) in item 7a or 7b and/or new address (if address char	also give new DELETE name: Give recordinge) in item 7c. to be deleted in item 8a or 8		ame: Complete item ? :: also complete items	7a or 7b, and also 7d-7g (if apolicable)
6. CURRENT RECORD IN					- 11-11
Jan. On Online Andrea	MAINE.				
S					
86. INDIVIDUAL'S LAST		FIRST NAME	MIDOLE NAM	ie	SUFFIX
Kelley	TNÁMÉ	FIRST NAME Shirley	MIDOLE NAM	Æ	SUFFIX
R 66. INDIVIDUAL'S LAST	T NAME ADDED INFORMATION:		MIDOLE NAM	E	SUFFIX
Kelley CHANGED (NEW) OR A	T NAME ADDED INFORMATION: NAME	Shirley			
Kelley CHANGED (NEW) OR A	T NAME ADDED INFORMATION: NAME		MIDOLE NAM		SUFFIX
Relley CHANGED (NEW) OR A 7s. ORGANIZATION'S I	T NAME ADDED INFORMATION: NAME	Shirley	MIDOLE NAM		
Kelley CHANGED (NEW) OR A	T NAME ADDED INFORMATION: NAME T NAME	Shirley	MIDOLE NAM	STAL CODE	SUFFIX
Relley CHANGED (NEW) OR A 7a. ORGANIZATION'S I Th. INDIVIDUAL'S LAST MAILING ADDRESS PO Box 1	ADDED INFORMATION: NAME T NAME ADD'L INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION	Shirley FIRST NAME	MIDDLE NAM	Œ	SUFFIX COUNTRY
Relley CHANGED (NEW) OR A 7a. ORGANIZATION'S I C. MAILING ADDRESS PO BOX 1 d. TAX ID #: SSN OR EIN AMENDMENT (COLLA	T NAME ADDED INFORMATION: NAME T NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ATERAL CHANGE): check only one box.	FIRST NAME CITY Harpersville 7f. JURISDICTION OF ORGANIZATION	MIDOLE NAM	STAL CODE	SUFFIX
Kelley CHANGED (NEW) OR A Ta. ORGANIZATION'S I C. MAILING ADDRESS PO BOX 1 d. TAX ID # SSN OR EIN AMENDMENT (COLLA Describe collateral A	ADDED INFORMATION: NAME T NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ATERAL CHANGE): check only one box. Pleted or added, or give entire restated collars.	FIRST NAME CITY Harpersville 7f. JURISDICTION OF ORGANIZATION	MIDOLE NAM	STAL CODE	SUFFIX COUNTRY LISA
Kelley CHANGED (NEW) OR A To. ORGANIZATION'S I C. MAILING ADDRESS PO BOX 1 d. TAX ID # SSN OR EIN AMENDMENT (COLL) Describe collateral A 1999 10X12 1 Thrifty Util #91019C74 NAME OF SECURED adds collateral or adds the 9a. ORGANIZATION'S N	ADDED INFORMATION: NAME T NAME T NAME T NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ATERAL CHANGE): check only one box. Pleted or added, or give entire restated collabeted or slice deep deep deep deep deep deep deep d	FIRST NAME CITY Harpersville 7f. JURISDICTION OF ORGANIZATION Iteral description, or describe collateral assignment and assignment of assi	MIDDLE NAM STATE PO Al 3 7g. ORGANIZ	STAL CODE 5078 ATIONAL ID #, if any	SUFFIX COUNTRY LISA NONE
Kelley CHANGED (NEW) OR A Ta. ORGANIZATION'S I Tb. INDIVIDUAL'S LAST C. MAILING ADDRESS PO BOX 1 d. TAXID#: SSN OR EIN AMENDMENT (COLL) Describe collateral de X 1999 10X12 1 Thrifty Util #91019C74 NAME OF SECURED adds collateral or adds the	ADDED INFORMATION: NAME T NAME T NAME T NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ATERAL CHANGE): check only one box. Pleted or added, or give entire restated collar Beige / Green Lity Bldg PARTY OF RECORD AUTHORIZING THIS AN authorizing Debtor, or if this is a Termination authorizing TAME an CO Inc	FIRST NAME CITY Harpersville 7f. JURISDICTION OF ORGANIZATION Iteral description, or describe collateral assignment and assignment of assi	MIDDLE NAM STATE PO Al 3 7g. ORGANIZ	STAL CODE 5078 ATIONAL ID #, if any this Amendment.	SUFFIX COUNTRY LISA NONE