	· · · · · · · · · · · · · · · · · · ·					
	CC FINANCING STATEMENT AMENDMEN LOW INSTRUCTIONS (front and back) CAREFULLY	T				
Α.	NAME & PHONE OF CONTACT AT FILER [optional]					
В.	KERI MCMINN (205) 665-3321 SEND ACKNOWLEDGMENT TO: (Name and Address)	· · · · · · · · · · · · · · · · · · ·				
			15	t # 2002	-15125	
	THE PEOPLES BANK & TRUST CO.					
	PO BOX 240 MONTEVALLO, AL 35115		04/01/2002-15125 01:31 PM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE .00			
	MONTEVALLO, AL JULIO					
			ल्याहा है	Y COUNTY JUDGE OF	E bedrain	
			007 CH			
1a.	INITIAL FINANCING STATEMENT FILE #		THE ABOVE SPA	This FINANCING	OFFICE USE ONLY G STATEMENT AMENDMENT IS	
	2000-39419		·		record) (or recorded) in the	
2.						
3.	CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	e with respect to security in	iterest(s) of the Secured P	Party authorizing this Co	ontinuation Statement is	
4.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	address of assignee in item	7c; and also give name o	of assignor in item 9.		
5.	. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or X Secured Party of record. Check only one of these two boxes.					
	Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in CHANGE name and/or address: Give current record name in item 6a or 6b; als	a give new VVDELETE	name: Give record name	e FTT ADD name: Co	omplete item 7a or 7b, and also	
6.	name (if name change) in item 7a or 7b and/or new address (if address change CURRENT RECORD INFORMATION:	s) in item 7c. 1 1 1 to be de	eleted in item 6a or 6b.	• • • · · · · ·	complete items 7d-7g (if applicable	
	6a. ORGANIZATION'S NAME		<u>.</u>			
OR	6b. INDIVIDUAL'S LAST NAME	LEIDOT NAME	<u></u>			
	BAUGH	PATRICK		SHANE	SUFFIX	
7. (CHANGED (NEW) OR ADDED INFORMATION:		· · · · · · · · · · · · · · · · · · ·			
	7a. ORGANIZATION'S NAME		, <u></u>			
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	· · · · · · · · · · · · · · · · · · ·	MIDDLE NAME	SUFFIX	
7c.	MAILING ADDRESS	CITY	· · · · · · · · · · · · · · · · · · ·	STATE POSTAL C	COUNTRY	
7 a '	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	TA HUDICOLOTION OF SI	OCALUZATION			
, .	ORGANIZATION DEBTOR	7f. JURISDICTION OF O	KGANIZA I IŲN	7g. ORGANIZATION		
8. /	AMENDMENT (COLLATERAL CHANGE): check only one box.	<u> </u>		<u></u>	NONE	
τ	Describe collateral deleted or added, or give entire restated collate	ral description, or describe o	collateral assigned.			
	COLLATERAL DESC.: 1967 FORD MUSTA	NG VIN #7F033	[186682 AND	ALL ADDITIO	ONS.	
	ACCESSORIES, ACCESSIONS AND EQUIPMENT NOW OR HEREAFTER AFFIXED THERETO,					
	PROCEEDS THEREOF AND GENERAL INTANGIBLES.					
9. 1	IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	NDMENT (name of assign	or, if this is an Assignmen	nt). If this is an Amenda	nent authorized by a Debtor which	
а	dds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME	by a Debtor, check here	and enter name of DEE	BTOR authorizing this A	Amendment.	
OR	THE PEOPLES BANK & TRUST CO. 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	······································	MIDDLE NAME	SUFFIX	
			· · · · · · · · · · · · · · · · · · ·			
10.	OPTIONAL FILER REFERENCE DATA					