CC FINANCING STATEMENT AMENDME LOW INSTRUCTIONS (front and back) CAREFULLY	ENT			I	
NAME & PHONE OF CONTACT AT FILER [optional]				35	
256) 737-7000 SEND ACKNOWLEDGMENT TO: (Name and Address)	<u> </u>			1 ~1.3	
PEOPLES BANK OF NORTH ALABA	MA '			7.	
811 2ND AVE SW CULLMAN, AL 35055				**	
COuntin, ind Socos				ندبد اگا	
				<u>~</u>	
		THE ABOVE SP	ACE IS FOR	FILING OFFICE US	E ONLY
INITIAL FINANCING STATEMENT FILE #	<u>.</u>	<u> </u>	1b. This	FINANCING STATEMEN	NT AMENDMENT is
L997-04575			REAI	LESTATE RECORDS.	
X TERMINATION: Effectiveness of the Financing Statement identified above					
CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law.	ove with respect to sec	urity interest(s) of the Secured Pa	arty authorizing	this Continuation Statem	ent is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b as	nd address of assignee	in item 7c; and also give name o	f assignor in ite	m 9.	······································
AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secu	red Party of record. Check only o			
Also check one of the following three boxes and provide appropriate information is		DELETE name: Give record na	ame [Al	OD name: Complete item	7a or 7b, and also
CHANGE name and/or address: Give current record name in item 6a or 6b; name (if name change) in item 7a or 7b and/or new address (if address char	nge) iπ item 7c.	to be deleted in item 6a or 6b.	ite	m 7c; also complete item	s /d-/g (if applicabl
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	······································		.	<u>,</u>	
· I					·
i resiera i iums audilla Cake, intri				w	
GENERATIONS ADULT CARE, INC.	FIRST NAME	<u> </u>	MIDDLE	NAME	SUFFIX
6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
6b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION:	FIRST NAME	······································	MIDDLE	NAME	SUFFIX
6b. INDIVIDUAL'S LAST NAME	FIRST NAME				
6b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION:	FIRST NAME		MIDDLE		SUFFIX
6b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	FIRST NAME				SUFFIX
6b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS	FIRST NAME	₽.M	MIDDLE	NAME	SUFFIX
6b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 124 OLD MONTGOMERY HWY TAX ID # SSN OR FIN LADD'L INFO RE 7e, TYPE OF ORGANIZATION	FIRST NAME CITY PELHA	M ION OF ORGANIZATION	MIDDLE	NAME POSTAL CODE	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 124 OLD MONTGOMERY HWY	FIRST NAME CITY PELHA		MIDDLE	NAME POSTAL CODE 35124	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 1 2 4 OLD MONTGOMERY HWY d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 7e, TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME CITY PELHA 71. JURISDICT	ION OF ORGANIZATION	MIDDLE STATE A L. 7g. ORG	NAME POSTAL CODE 35124	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 2. MAILING ADDRESS 1 2 4 OLD MONTGOMERY HWY d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 76. TYPE OF ORGANIZATION DEBTOR	FIRST NAME CITY PELHA 71. JURISDICT	ION OF ORGANIZATION	MIDDLE STATE A L. 7g. ORG	NAME POSTAL CODE 35124	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 1 2 4 OLD MONTGOMERY HWY d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 7e, TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME CITY PELHA 71. JURISDICT	ION OF ORGANIZATION	MIDDLE STATE A L. 7g. ORG	NAME POSTAL CODE 35124	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 3. MAILING ADDRESS 1 2 4 OLD MONTGOMERY HWY 1 ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated containing the containing added.	FIRST NAME CITY PELHA 7f. JURISDICT ollateral description, or	describe collateral assign	MIDDLE STATE A I. 7g. ORG	POSTAL CODE 35124 ANIZATIONAL ID #, if a	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 3. MAILING ADDRESS 1 2 4 OLD MONTGOMERY HWY 1 ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated containing the containing added.	FIRST NAME CITY PELHA 7f. JURISDICT ollateral description, or	describe collateral assign	MIDDLE STATE A I. 7g. ORG	POSTAL CODE 35124 ANIZATIONAL ID #, if a	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 3. MAILING ADDRESS 1 2 4 OLD MONTGOMERY HWY 1 ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated containing the containing added.	FIRST NAME CITY PELHA 7f. JURISDICT ollateral description, or	describe collateral assign	MIDDLE STATE A I. 7g. ORG	POSTAL CODE 35124 ANIZATIONAL ID #, if a	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 3. MAILING ADDRESS 1 2 4 OLD MONTGOMERY HWY 1 ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated containing the containing added.	FIRST NAME CITY PELHA 7f. JURISDICT ollateral description, or	describe collateral assign	MIDDLE STATE A I. 7g. ORG	POSTAL CODE 35124 ANIZATIONAL ID #, if a	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 3. MAILING ADDRESS 1 2 4 OLD MONTGOMERY HWY 1 ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated containing the containing added.	FIRST NAME CITY PELHA 7f. JURISDICT OA/ 10:3	describe collateral assignment as	MIDDLE STATE A I. 7g. ORG	POSTAL CODE 35124 ANIZATIONAL ID #, if a	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 3. MAILING ADDRESS 1 2 4 OLD MONTGOMERY HWY 1 ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated containing the containing added.	FIRST NAME CITY PELHA 7f. JURISDICT OA/ 10:3	ION OF ORGANIZATION	MIDDLE STATE A I. 7g. ORG	POSTAL CODE 35124 ANIZATIONAL ID #, if a	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 3. MAILING ADDRESS 1 2 4 OLD MONTGOMERY HWY 1 ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated containing the containing added.	FIRST NAME CITY PELHA 7f. JURISDICT OA/ 10:3	describe collateral assignment as	MIDDLE STATE A I. 7g. ORG	POSTAL CODE 35124 ANIZATIONAL ID #, if a	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME C. MAILING ADDRESS 1 2 4 OLD MONTGOMERY HWY d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated co	FIRST NAME CITY PELHA 7f. JURISDICT OA SHELE	describe collateral assignment assignment of assignor, if this is an Assignment of assignor, if this is an Assignment assignment assignment.	MIDDLE STATE AI. 7g. ORG	POSTAL CODE 35124 ANIZATIONAL ID #, if a	SUFFIX COUNTRI U.S.
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 3. MAILING ADDRESS 1 2 4 OLD MONTGOMERY HWY 1 ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated containing the containing added.	FIRST NAME CITY PELHA 7f. JURISDICT OA SHELE S AMENDMENT (na	describe collateral assignment assignment of assignor, if this is an Assignment of assignor, if this is an Assignment assignor, if this is an Assignment assignor.	MIDDLE STATE AI. 7g. ORG	POSTAL CODE 35124 ANIZATIONAL ID #, if a	SUFFIX COUNTR US
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 2. MAILING ADDRESS 1 2 4 OLD MONTGOMERY HWY 1 ADD'L INFORE 75. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated or restated or adds collateral or adds the authorizing Debtor, or if this is a Termination author ga. ORGANIZATION'S NAME	FIRST NAME CITY PELHA 7f. JURISDICT OLIGINATION SHELT SHELT	describe collateral assignment assignment of assignor, if this is an Assignment of assignor, if this is an Assignment assignor, if this is an Assignment assignor.	MIDDLE STATE AI. 7g. ORG	POSTAL CODE 35124 ANIZATIONAL ID #, if a	SUFFIX COUNTR US
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 3. MAILING ADDRESS 1. 2.4 OLD MONTGOMERY HWY d. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated organization restated organization adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing authorizing Debtor, or if this is a Termination authorizing authorizing Debtor, or if this is a Termination authorizing authorizing Debtor, or if this is a Termination authorizing Debtor.	FIRST NAME CITY PELHA 7f. JURISDICT OLIGINATION SHELT SHELT	describe collateral assignment of assignment and enter name of a	MIDDLE STATE AI. 7g. ORG	is an Amendment authorizing this Amendment.	SUFFIX COUNTRY IJS

UCC FINANCING STATEME		ADDENDUM
FOLLOW INSTRUCTIONS (front and back)		
11. INITIAL FINANCING STATEMENT FIL	E # (same as item 1a on Amendment	t form)
12. NAME OF PARTY AUTHORIZING TH	IS AMENDMENT (same as item 9	on Amendment form)
12a. ORGANIZATION'S NAME		
PEOPLES BANK OF N	IORTH ALABAMA	
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
13. Use this space for additional information	<u>, </u>	

MARSALIS, DEBBIE S. 481 HWY 42

CALERA, AL 35040

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

UCC FINANCING STATEMENT AMENDMENT ADDENDUM							
FOLLOW INSTRUCTIONS (front and back) CAREFULLY							
11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 1997-04575							
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)							
j	12a. ORGANIZATION'S NAME						
6 B	PEOPLES BANK OF N	ORTH ALABAMA					
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
13. Use this space for additional information							
	ess and space for assistant a morning tion						
DY	ZE. DENTSE T.						

6042 SPRINGVIEW DR

MT. OLIVE, AL 35117

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 1997-04575 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) 12a. ORGANIZATION'S NAME PEOPLES BANK OF NORTH ALABAMA OR 12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

13. Use this space for additional information

THOMPSON, MARCELLA I. 6105 EAGLE RIDGE DR. PINSON, AL 35126

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Inst # 2002-18488

10:39 AM CENTIFIED

SHELBY COUNTY JUDGE OF PROBATE

SHELBY COUNTY

03/20/2002