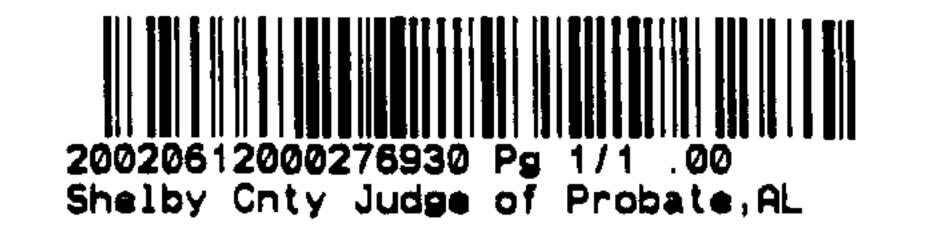
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06/12/2002 09:46:00 FILED/CERTIFIED

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER (optional) Carmita Vincent (256) 378-5559 B. SEND ACKNOWLEDGMENT TO: (Name and Address) Coosa Pines FCU P. O. Box 407 Childersburg, AL. 35044

- . •	NITIAL FINANCING STATE 2000-056				to	be filed [for record] (or rec EAL ESTATE RECORDS.	
·	Y			s terminated with respect to security in		··	
٠ [CONTINUATION: Efficient continued for the addition	lectiveness of the fi nai period provided	i by applicable law.	ve with respect to security interest(s)			
_				iddress of assignee in item 7c; and all			
			 -	btor or Secured Party of record	. Check only <u>one</u> of thes	e two boxes.	
_			provide appropriate information in introduction in its record name in item 6a or 6b; als		Sive record name	NDD name: Complete item	7a or 7b, and also
	name (if name change) i	n item 7a or 7b and	or new address (if address change		em 6a or 6b.	tem 7c: also complete item	s 7d-7g (if applicable
•	CURRENT RECORD INFO			<u></u>		··· · ·····	
	OE. CROMIZATIONS IN						
R	66. INDIVIDUAL'S LAST N	IAME		FIRST NAME	MIDDL	ENAME	SUFFIX
	Ricks			Jackie		-	·
. (CHANGED (NEW) OR AD	DED INFORMATI	ON:				
,	7a. ORGANIZATION'S NA	ME					
æ				ICIDOT NAME	I MIDO	E NAME	SUFFIX
	76. INDIVIDUAL'S LAST N	NAME		FIRST NAME			30
c. l	MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
•						:	
	TAX ID #: SSN OR EIN		7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZA	TION 7g. OF	GANIZATIONAL ID #, if ar	ny .
d.		ORGANIZATION DEBTOR	· [NON
d.		I					

9a. ORGANIZATION'S NAME			
Coosa Pines FCU		·	·
96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFI