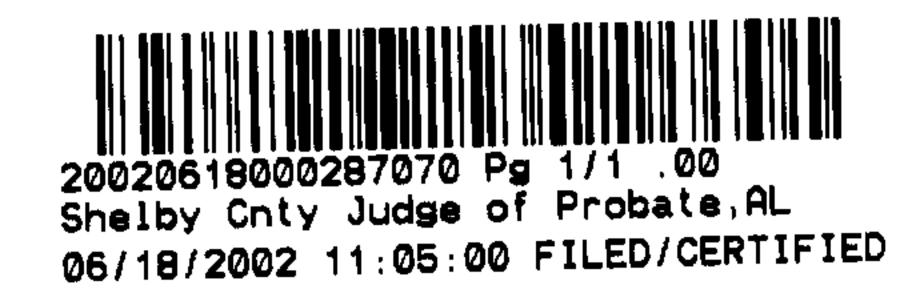
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۱. ۸	OW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]				
. S	SEND ACKNOWLEDGMENT TO: (Name and Address)				
	FIRST NATIONAL BANK OF SHELBY CO P. O. BOX 977 106 EAST COLLEGE ST COLUMBIANA, AL 35051	UNTY			
		THE ABOVE		ILING OFFICE USE	
	INITIAL FINANCING STATEMENT FILE # SHELBY COUNTY INST# 2001-40842		լ–––լ to be fi	iled (for record) (or rec	
	TERMINATION: Effectiveness of the Financing Statement identifie	ed above is terminated with respect to security interest(s)		STATE RECORDS. ty authorizing this Terr	nination Statement.
) 3. [****		
"L	continued for the additional period provided by applicable law.		•		
1.	ASSIGNMENT (full or partial): Give name of assignee in item 7a o	or 7b and address of assignee in item 7c; and also give na	me of assignor in it	tem 9.	
5. A	AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record. Check onl	y <u>one</u> of these two	boxes.	
	Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate infor		ame □ADD n	ame: Complete item 7	a or 7b. and also
	CHANGE name and/or address: Give current record name in item 6a of name (if name change) in item 7a or 7b and/or new address (if address		item 7	c; also complete items	7d-7g (if applicable
-	CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME		·i = ''		
	Oa. Ondanization o name		-		
R	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NA	ME	SUFFIX
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	REYNOLDS	ROBERT			J "''
		KUBEK		· · · · · · · · · · · · · · · · · · ·	
_	REYNOLDS CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	KUBEK			
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R	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			ME POSTAL CODE	
R c.	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	FIRST NAME CITY	STATE	· • • • • • • • • • • • • • • • • • • •	COUNTRY
R c.	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	FIRST NAME CITY	STATE	POSTAL CODE	COUNTRY
c.	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR DEB	FIRST NAME CITY	STATE	POSTAL CODE	COUNTRY
c. l	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZAT ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME CITY TON 7f. JURISDICTION OF ORGANIZATION	7g. ORGAN	POSTAL CODE	COUNTRY
d.	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR DEB	FIRST NAME CITY TON 7f. JURISDICTION OF ORGANIZATION	7g. ORGAN	POSTAL CODE	COUNTRY
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