## NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)

IMPORTANT — READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM — DO NOT DETACH STUB

		20020621000292 Shelby Cnty Ju	2200 Pg 1/1 .00 Idge of Probate, A 13:00 FILED/CERT
C FINANCING STATEMENT AMEND LOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]	MENT		
END ACKNOWLEDGMENT TO: (Name and Address)			
AMERICAN GENERAL FINANCIAL P.O. BOX 970 PELHAM AL 35124	SERVICES		
NITIAL EINIANCINIC CTATEMENT EILE #	THE AB	SOVE SPACE IS FOR FILING OFFICE	
NITIAL FINANCING STATEMENT FILE # 1999–48047		1b. This FINANCING STATE to be filed [for record] (or REAL ESTATE RECORD	
TERMINATION: Effectiveness of the Financing Statement identifi	fied above is terminated with respect to security interes		
CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law.	entified above with respect to security interest(s) of th	ne Secured Party authorizing this Continuati	ion Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a	or 7b and address of assignee in item 7c° and also give	ve name of assignor in item 9	
MENDMENT (PARTY INFORMATION): This Amendment affect			
CHANGE name and/or address: Give current record name in item 6a name (if name change) in item 7a or 7b and/or new address (if address JRRENT RECORD INFORMATION:	ess change) in item 7c. DELETE name: Give re to be deleted in item 6a		tem 7a or 7b, and also tems 7d-7g (if applicable).
Ba. ORGANIZATION'S NAME	FIRST NAME	MIDDLE NAME	SUFFIX
6a. ORGANIZATION'S NAME  6b. INDIVIDUAL'S LAST NAME  XX SPENCER	FIRST NAME  CHERYL	MIDDLE NAME	SUFFIX
Ba. ORGANIZATION'S NAME  Bb. INDIVIDUAL'S LAST NAME  XX SPENCER  HANGED (NEW) OR ADDED INFORMATION:		MIDDLE NAME	SUFFIX
Ba. ORGANIZATION'S NAME  Bb. INDIVIDUAL'S LAST NAME  XX SPENCER  HANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME		MIDDLE NAME	SUFFIX
Ba. ORGANIZATION'S NAME  Bb. INDIVIDUAL'S LAST NAME  XX SPENCER  HANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME	CHERYL FIRST NAME	MIDDLE NAME	SUFFIX
Ba. ORGANIZATION'S NAME  Bb. INDIVIDUAL'S LAST NAME  XX .SPENCER  HANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  SPENCER	CHERYL  FIRST NAME  GARRETT	MIDDLE NAME	SUFFIX
Ba. ORGANIZATION'S NAME  Bb. INDIVIDUAL'S LAST NAME  XX .SPENCER  HANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  SPENCER	CHERYL FIRST NAME		
ORGANIZATION'S NAME  SIDENCER  HANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  SPENCER  AILING ADDRESS  1401 HEATHER LANE  AX ID #: SSN OR EIN   ADD'L INFO RE   70. TYPE OF ORGANIZATION	FIRST NAME  GARRETT  CITY  ALABASTER	MIDDLE NAME  STATE POSTAL CODE  AL 35007	SUFFIX
Se. ORGANIZATION'S NAME  Sb. INDIVIDUAL'S LAST NAME  XX SPENCER HANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  SPENCER AILING ADDRESS  1401 HEATHER LANE  AX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION DEBTOR   DEBTO	FIRST NAME  GARRETT  CITY  ALABASTER	MIDDLE NAME  STATE POSTAL CODE  AL 35007	SUFFIX COUNTRY
BE. INDIVIDUAL'S LAST NAME  XX SPENCER  HANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  SPENCER  AILING ADDRESS  1401 HEATHER LANE  AX ID #: SSN OR EIN ADD'L INFO RE   7e. TYPE OF ORGANIZATION DEBTOR  MENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME  GARRETT  CITY  ALABASTER  ATION  7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME  STATE POSTAL CODE  AL 35007  7g. ORGANIZATIONAL ID #, i	SUFFIX
64. ORGANIZATION'S NAME  65. INDIVIDUAL'S LAST NAME  XX SPENCER  HANGED (NEW) OR ADDED INFORMATION:  74. ORGANIZATION'S NAME  75. INDIVIDUAL'S LAST NAME  SPENCER  ALIING ADDRESS  1401 HEATHER LANE  AX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  MENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME GARRETT CITY ALABASTER ATION 7f. JURISDICTION OF ORGANIZATION ted collateral description, or describe collateral	MIDDLE NAME  STATE POSTAL CODE  AL 35007  7g. ORGANIZATIONAL ID #, i	SUFFIX COUNTRY
Se. INDIVIDUAL'S LAST NAME  XX SPENCER  HANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  SPENCER  AILING ADDRESS  1401 HEATHER LANE  AXID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   DEBTOR    MENDMENT (COLLATERAL CHANGE): check only one box.  scribe collateral   deleted or   added, or give entire   restate  1985 MASTERCRAFT BOAT VIN#  1985 TRAILER SINGLE TANDEM	FIRST NAME GARRETT CITY ALABASTER ATION 7f. JURISDICTION OF ORGANIZATION ted collateral description, or describe collateral # MBCSAAF96485 VIN# 19MARTI DL.	MIDDLE NAME  STATE POSTAL CODE AL 35007  7g. ORGANIZATIONAL ID #, it	SUFFIX COUNTRY  f any  NONE
Sa. ORGANIZATION'S NAME  Sb. INDIVIDUAL'S LAST NAME  XX SPENCER  HANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  SPENCER  AILING ADDRESS  1401 HEATHER LANE  AX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZ. ORGANIZATION   DEBTOR    MENDMENT (COLLATERAL CHANGE): check only one box.  scribe collateral   deleted or   added, or give entire   restated to the collateral   added   Tandem    1985 MASTERCRAFT BOAT VIN#  1985 TRAILER SINGLE TANDEM	FIRST NAME GARRETT CITY ALABASTER ATION 7f. JURISDICTION OF ORGANIZATION ted collateral description, or describe collateral # MBCSAAF96485 VIN# 19MARTI DL.	MIDDLE NAME  STATE POSTAL CODE AL 35007  7g. ORGANIZATIONAL ID #, it	SUFFIX COUNTRY  f any  NONE
6a. ORGANIZATION'S NAME  8b. INDIVIDUAL'S LAST NAME  XX .SPENCER  HANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  SPENCER  IAILING ADDRESS  1401 HEATHER LANE  AX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   DEBTOR    MENDMENT (COLLATERAL CHANGE): check only one box. pscribe collateral   deleted or   added, or give entire   restated    1985 MASTERCRAFT BOAT VIN	FIRST NAME GARRETT CITY ALABASTER  ATION 7f. JURISDICTION OF ORGANIZATION  # MBCSAAF96485 VIN# 19MARTI DL.  THIS AMENDMENT (name of assignor, if this is an authorized by a Debtor, check here and enter name	MIDDLE NAME  STATE POSTAL CODE AL 35007  7g. ORGANIZATIONAL ID #, it	SUFFIX COUNTRY  f any  NONE