



08/09/2002 08:34:00 FILED/CERTIFIED

	CC FINANCING STATEMENT AMENDME	NT		LNIIFIED
	DLLOW INSTRUCTIONS (front and back) CAREFULLY  NAME & PHONE OF CONTACT AT FILER [optional]  5302013289 7-25-02			
В				
	863527			
_	INITIAL FINANCING STATEMENT FILE # 1987-09-		1b. This FINANCING STATEMENT to be filed [for record] (or record	AMENDMENT is
2.	TERMINATION: effectiveness of the Financing Statement identified above is	s terminated with respect to security intereset(s) of the	REAL ESTATE RECORDS.  Secured Party authorizing this Termination	on Statement.
3.	CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	·		
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.	
	AMENDMENT (PARTY INFORMATION): This Amendment affects De	ebtor or Secured Party of record. Check only	<del></del>	——————————————————————————————————————
	Also check one of the following boxes and provide appropriate information in items  CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME		me ADD name: Complete item 7a item 7c; also complete items 7	or 7b. and also d-7g (if applicable).
OF				
O,	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7.	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME			
OF	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c.	MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d.	TAX ID # SSN OR EIN ADD'NL INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
9.	AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collateral added, or give entire restated collateral added.  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMB adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a ORGANIZATION'S NAME  ALTUS BANK, A FEDERAL SAVINGS BANK C/9b. INDIVIDUAL'S LAST NAME	ENDMENT (name of assignor, if this is an Assignment of December 1 and enter name of DE		y a Debtor which
	0. OPTIONAL FILER REFERENCE DATA			
AI	J-Shelby County			<u> </u>

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 018109 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) 12a. ORGANIZATION'S NAME ALTUS BANK, A FEDERAL SAVINGS BANK C/O GREENPOI OR 12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

13. Use this space for additional information:

DEBTOR NAME

NOBLE, ROGER D.
ROUTE 5 BOX 398 A
MONTEVALLO, AL 35115

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11. INITIAL FINANCING STATO	TEMENT FILE # (s	ame as item 1a on Amendment fo $1987 - 09 - 15$	rm)
12. NAME OF PARTY AUT	بسيسط وبسيسان وبراها	AMENDMENT (same as item 9 on Ar	nendment form)
	A FEDERAL	SAVINGS BANK c/o	GREENPOI
OR 12b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME, SUFFIX

NOBLE, JENNIFER DEE

ROUTE 5 BOX 398 A MONTEVALLO, AL 35115

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