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

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

8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.

Describe collateral describe collateral describe collateral assigned.

				20020 Shelb	815000386240 Pg y Cnty Judge of 1/2002 08:41:00	1/1 .00 Probate,AL
UCC FINANCING		ENT AMENDMEN CAREFULLY	<b>1</b>			
A. NAME & PHONE OF CO						
B. SEND ACKNOWLEDGE	MENT TO: (Nam	e and Address)	<del></del>			
TAMS0	wth Bo	enk				
P.O. B	DX 100	63				
BIRMIN	ugham	Al. 35202				
	•			HE ABOVE SPACE	IS FOR FILING OFFICE	USEONLY
1a. INITIAL FINANCING STAT	25 file#	led ()nf. 8,	1999 TOFFE	eson ( ) 10		MENT AMENDMENT is recorded) in the
		- <del> </del>	is terminated with respect to security		red Party authorizing this Ter	mination Statement.
3. CONTINUATION: E continued for the addition	ffectiveness of the onal period provide	Financing Statement identified abo	ve with respect to security interest	t(s) of the Secured Part	y authorizing this Continuati	on Statement is
			address of assignee in item 7c; and	also give name of assig	nor in item 9.	<del></del>
5. AMENDMENT (PARTY		وبالوم والتوطاع فالموا المواكن كالباك والمناط والماسا والمتارط والماسان والموامية والمتارط والمتارط	btor or Secured Party of reco			
	_	provide appropriate information in		. •		
name (if name change)	in item 7a or 7b and	nt record name in item 6a or 6b; als l/or new address (if address change	e) in item 7c. to be deleted in	: Give record name ritem 6a or 6b.	ADD name: Complete it item 7c; also complete it	em 7a or 76, and also ems 7d-7g (if applicable).
6. CURRENT RECORD INF				<del></del>	<del></del>	<del></del>
OR 66. INDIVIDUAL'S LAST	NAME		FIRST NAME	MI	DDLE NAME	SUFFIX
	TOWAR	d	MARK			
7. CHANGED (NEW) OR AD		ON:	<del></del>	<del></del>	<del></del>	<del></del>
75. INDIVIDUAL'S LAST	NAME	<del></del>	FIRST NAME	MI	DDLE NAME	SUFFIX
	/	······································	<u></u>		,	
7c. MAILING ADDRESS			CITY	ST	FATE POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	7a, TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANI	ZATION 7g	. ORGANIZATIONAL ID #, If	any
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9a. ORGANIZATION'S NAME / BOALA	Termination authorized by a Debtor, check here and en	To remote the remote and remote the remote t	
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)

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