

20020828000410220 Pg 1/1 .00
Shelby Cnty Judge of Probate, AL
08/28/2002 08:40:00 FILED/CERTIFIED

NAME & PHONE OF CONTATRICIA HUNTLEY SEND ACKNOWLEDGMEN ALABAMA PO 600 NORTH 187 BIRMINGHAM D5616/SHELBY TERMINATION: Effective CONTINUATION: Effective continued for the additional ASSIGNMENT (full or page)	ACT AT FILER [optional] 7/205-226-1925 IT TO: (Name and Address) WER COMPANY TH STREET AL 35291			
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ASSIGNMENT (full or pa	eness of the Financing Statement identified	ified above with respect to security interest(s)	of the Secured Party authorizing this Continuation S	Statement is
ASSIGNMENT (full or pa	period provided by applicable law.	illed above with tospoot to occurry with the fort		
AMENDMENT (PARTY IN		r 7b and address of assignee in item 7c; and als	so give name of assignor in item 9.	
MAINTANAIN (1) (1)			. Check only one of these two boxes.	
Also check one of the following	three boxes and provide appropriate inform	nation in items 6 and/or 7.		
- outston same and/or odd	ess: Give current record name in item 6a em 7a or 7b and/or new address (if addres	or 6b: also give new TT DELETE name: G	Give record name ADD name: Complete item item 7c; also complete items	7a or 7b, and also s 7d-7g (if applicabl
. CURRENT RECORD INFOR				
6a. ORGANIZATION'S NAM				
				OUEEN
6b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
KNIGHT		DARYL	D.	
. CHANGED (NEW) OR ADDI	D INFORMATION:			- <u></u>
7a. ORGANIZATION'S NAM				
PR - INDIVIDUALIC LAST NA		FIRST NAME	MIDDLE NAME	SUFFIX
76. INDIVIDUAL'S LAST NAME		SHELBY	M.	
KNIGHT		CITY	STATE POSTAL CODE	COUNTRY
c. MAILING ADDRESS		CALERA	AL 35040	
	DD'L INFO RE 7e. TYPE OF ORGANIZA		ATION 7g. ORGANIZATIONAL ID #, if any	ıy
[C	RGANIZATION '			NO
	EBTOR			
AMENDMENT (COLLAIS	RAL CHANGE): check only one box.	ed collateral description, or describe collateral	assigned.	
Describe collatera: delete	oradded, or give citinereside.			
		THIS AMENDMENT (name of assignor, if this	is is an Assignment). If this is an Amendment authorize	ed by a Debtor which
). NAME OF SECURED PA	horizing Debtor, or if this is a Termination	authorized by a Debtor, check here and en	iter name of DEBTOR authorizing this Amendment.	
<u> </u>				
9a. ORGANIZATION'S NAM		FIRST NAME	MIDDLE NAME	SUFFIX
<u> </u>	ME	1 1101 IVANIE	MIDDLE NAME	[3011]