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

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

			20020904000423430 Pg 1/1 .00 Shelby Cnty Judge of Probate, AL 09/04/2002 14:25:00 FILED/CERTIFIED	
UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER [optional]				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Alagasco				
20 South 20 5	reet			
Bham, Ala. 35	5295			
	THE ABOVE SP	ACE IS FOR FILING OFFICE USE	ONLY	
1a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEMENT to be filed [for record] (or record REAL ESTATE RECORDS.	AMENDMENT is	
2. XTERMINATION: Effectiveness of the Financing Statement identified above is t	erminated with respect to security interest(s) of the			
3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	with respect to security interest(s) of the Secure	d Party authorizing this Continuation Sta	atement is	
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and ad				
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debter Also check one of the following three boxes and provide appropriate information in item		one of these two boxes.		
CHANGE name and/or address: Give current record name in item 6a or 6b; also on the same (if name change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 6a or 6b; also on	give new DELETE name: Give record nar n item 7c. to be deleted in item 6a or 6b.	ne ADD name: Complete item 7a item 7c; also complete items 7	or 7b, and also d-7g (if applicable	
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME		<u> </u>		
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
U/e i 55	Lawrence	7.		
7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME				
OR	TEIDOT NIANE	MIDDLE NAME	SUFFIX	
76. INDIVIDUAL'S LAST NAME	FIRST NAME	INITIDE INVINE		
7c. MAILING ADDRESS Lake V/4. Drive	CITY B'han	STATE POSTAL CODE	COUNTRY	
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	<u>-                                      </u>	
DEBTOR			NON	
8. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collateral	description, or describe collateral assigned	•		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	NDMENT (name of assignor, if this is an Assignm	ent). If this is an Amendment authorized	by a Debtor which	
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by   9a. ORGANIZATION'S NAME			,	
Alagasco				
OR 96. INDIVIDUAL'S LASTINAME	FIRST NAME	MIDDLE NAME	SUFFIX	
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