



OLLOW INSTRUCTIONS (front and back) CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER [optional]				
3. SEND ACKNOWLEDGMENT TO: (Name and Address)				
'First Commercial Bank				
PO box 11746				
Birmingham, AL 35282				
]				
	THE ABO	VE SPACE IS FO	R FILING OFFICE US	E ONLY
a. INITIAL FINANCING STATEMENT FILE # 20020529000253530 She1by County		מו ביין	s FINANCING STATEMEN be filed [for record] (or reco AL ESTATE RECORDS.	
. X TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect to security interest(s	كالمراج والمراج والمراج والمراج والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع		tion Statement.
CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	كالواكا والأسوال والمتراج والمتراج والمراج والمراج والمراج والمراج والمراج والمراج والمراج والمراج		كالركادي الشبيك إربيها فيساد المشرب المسركان	
. ASSIGNMENT (full or partial): Give name of assignee in item 7s or 7b and ac	ddress of assignee in item 7c; and also give r	name of assignor in	ítem 9.	
الادراك في المسابق المسابق المسابق المراكن والمراكن والمراكن والمراكن والمراكن والمراكن والمراكن والمراكز والم	otor or Secured Party of record. Check	·		
Also check one of the following three boxes and provide appropriate information in it	terns 6 and/or 7.			
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)	in item 7c. DELETE name: Give reco		DD name: Complete item 7 em 7c; also complete items	
CURRENT RECORD INFORMATION: 60. ORGANIZATION'S NAME		<u> </u>		
D R Builders, Inc				
86. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
. CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME				
R 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
7 D. HADITAGO DAGI TATARE		1411000		
		ſ		COUNTRY
c. MAILING ADDRESS	CITY	STATE	IPOSTAL CODE	ICCURTE
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COOKIN
	CITY 71. JURISDICTION OF ORGANIZATION		POSTAL CODE SANIZATIONAL ID #, if any	
d. TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION	,			
d. TAX ID #: SSN OR EIN ADD'L INFO RE 70. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	,			
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d. TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION	7g. ORG		
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ADD'L INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR B. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral deleted.	7f. JURISDICTION OF ORGANIZATION at description, or describe collateral assemble assemble assemble. NDMENT (name of assignor, if this is an Assignor)	signed.	SANIZATIONAL ID #, if any	No
ORGANIZATION DEBTOR B. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral deleted or sadded, or give entire restated collateral deleted or sadded, or give entire restated collateral deleted or sadded, or give entire restated collateral or added to sadded and sadded	7f. JURISDICTION OF ORGANIZATION at description, or describe collateral assemble assemble assemble. NDMENT (name of assignor, if this is an Assignor)	signed.	SANIZATIONAL ID #, if any	
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