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

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

	20021101000540130 Pg 1/1 .00 Shelby Cnty Judge of Probate, AL		
		11/01/2002 09:45	:00 FILED/CERTIF
JCC FINANCING STATEMENT AMENDI OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]	MENT		
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
AlAb Ama GAS Corpora:	tion		
110 Spring St.N.			
TALLADEGIA			
a. INITIAL FINANCING STATEMENT FILE #		VE SPACE IS FOR FILING OFFICE USE	
V TERMINATION: Effectiveness of the Financing Statement identified		to be filed [for record] (or record REAL ESTATE RECORDS.	ed) in the
TERMINATION: Effectiveness of the Financing Statement identified CONTINUATION: Effectiveness of the Financing Statement identified Continued for the additional paried provided by emplicable level.			
continued for the additional period provided by applicable law.			· ··
ASSIGNMENT (full or partial): Give name of assignee in item 7a or AMENDMENT (PARTY INFORMATION): This Amendment affects			<u>.</u>
Also check one of the following three boxes and provide appropriate inform	nation in items 6 and/or 7.	nt only <u>one</u> or those two boxes.	
CHANGE name and/or address: Give current record name in item 6a contained in item 6a contained (if name change) in item 7a or 7b and/or new address (if address)	or 6b; also give new DELETE name: Give rec s change) in item 7c. to be deleted in item 6a o	ord name ADD name: Complete item 7a or 6b. Item 7c; also complete items 7d	or 7b, and also -7g (if applicable).
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			<u> </u>
S CL INDUMENTAL A CENTAL A CEN			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·	······································	
LAP TRICKARIO LACTALANC	FIRST NAME	MIDDLE NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME			
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
MAILING ADDRESS 100 DIXIE Lane	Vincent	STATE POSTAL CODE AU 35/128	COUNTRY
MAILING ADDRESS /OO DIXIE Lane TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZAT ORGANIZATION	Vincent		
MAILING ADDRESS 100 DIXIE Lane TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR ADDIVIDUAL'S LAST NAME 76. TYPE OF ORGANIZATION DEBTOR	Vincent	AL 35/128	
MAILING ADDRESS /OO DIXIE LANC TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZAT ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	TION 7f. JURISDICTION OF ORGANIZATION	A 35/28 7g. ORGANIZATIONAL ID #, if any	usa
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MAILING ADDRESS JOO DIXIE LANC TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated	TION 7f. JURISDICTION OF ORGANIZATION I collateral description, or describe collateral as	7g. ORGANIZATIONAL ID #, if any	NONE
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MAILING ADDRESS IOO DIXIE LONG TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated restated. NAME OF SECURED PARTY OF RECORD AUTHORIZING THe dids collateral or adds the authorizing Debtor, or if this is a Termination autonation and the authorizing Debtor.	TION 7f. JURISDICTION OF ORGANIZATION I collateral description, or describe collateral as ASSENDMENT (name of assignor, if this is an Assignor)	7g. ORGANIZATIONAL ID #, if any signed.	NONE