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			20021204000604430 Pg 1/1 .00 Shelby Cnty Judge of Probate, AL Shelby Cnty Judge of Probate, AL						
	STATEMENTAMENDMEN		12/	04/20	02 12:01:00 FIL	ED/CERITATED			
A. NAME & PHONE OF CO	front and back) CAREFULLY NTACT AT FILER [optional]								
PATRICIA A HUNT	LEY 205-226-1925								
	ENT TO: (Name and Address)								
	OMED COMBANIV								
600 NORTH 1	OWER COMPANY STH STREET								
BIRMINGHA									
	<b>7</b>								
•									
<b>L</b>		TH			R FILING OFFICE US				
1a. INITIAL FINANCING STATE					FINANCING STATEMEN  e filed (for record) (or rec				
1993-22164 SHE				REA	L ESTATE RECORDS.	<u></u>			
2. TERMINATION: Effect	tiveness of the Financing Statement identified above is	terminated with respect to security i	nterest(s) of the Sec	cured Par	ty authorizing this Termina	ation Statement.			
3. CONTINUATION: Eff	ectiveness of the Financing Statement identified abound period provided by applicable law.	ve with respect to security interest(s	s) of the Secured Pa	arty autho	rizing this Continuation t	Statement is			
	partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and a	iso give name of as	signor in	item 9.				
			·	_	•				
5. AMENDMENT (PART)  Also check one of the following	NFORMATION): This Amendment affects Deling three boxes and provide appropriate information in its		<b>,</b>						
CONTRACT SERVICES	ddress: Give current record name in item 6a or 6b; also item 7a or 7b and/or new address (if address change)	o give new DELETE name:		AD ite	D name: Complete item m 7c; also complete items	7a or 7b, and also s 7d-7g (if applicable			
6. CURRENT RECORD INFO									
6a. ORGANIZATION'S NA									
	<u>,</u>	TELEOT NAME		MIDDLE	NAME	SUFFIX			
6b. INDIVIDUAL'S LAST N	IAME	FIRST NAME ALFRED		P					
HEARD		ALTRED	<u> </u>	<u> </u>					
7. CHANGED (NEW) OR AD		·		<u></u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
7a. ORGANIZATION OTO									
OR 7b. INDIVIDUAL'S LAST N	IAME	FIRST NAME		MIDDLE NAME		SUFFIX			
HEARD		JANICE		L					
7c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY			
1218 DAVID DRI	VE	PELHAM		AL	35124	<u> </u>			
7d. TAX ID #: SSN OR EIN	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	ON 7f. JURISDICTION OF ORGANIZATION			ANIZATIONAL ID #, if an	y -			
	DEBTOR	:				NON			
8. AMENDMENT (COLLA	TERAL CHANGE): check only one box.								
Describe collateral dele	ted or added, or give entire restated collater	ral description, or describe collatera	al assigned.						
O NAME OF SECURED	PARTY OF RECORD AUTHORIZING THIS AM	NENDMENT (name of assignor, if the	nis is an Assignment	). If this i	s an Amendment authoriz	ed by a Debtor which			
adds collateral or adds the	authorizing Debtor, or if this is a Termination authorized	by a Debtor, check here and e	nter name of DEBT	OR auth	orizing this Amendment.				
9a. ORGANIZATION'S N			·····						
ALABAMA POV									

9b. INDIVIDUAL'S LAST NAME SUFFIX MIDDLE NAME FIRST NAME 10. OPTIONAL FILER REFERENCE DATA