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

IMPORTANT — READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM — DO NOT DETACH STUB 115353

					Sh	021216000627330 Pg elby Cnty Judge of /16/2002 11:56:00	Probate, AL
FOL	C FINANCING STATEMENT AMENDMEN' LOW INSTRUCTIONS (front and back) CAREFULLY						
A.	NAME & PHONE OF CONTACT AT FILER [optional]						
В.	SEND ACKNOWLEDGMENT TO: (Name and Address)						
l							
	PEOPLES SOUTHERN BANK 620 2ND AVENUE NORTH P. O. BOX 269 CLANTON, AL 35045						
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	INITIAL FINANCING STATEMENT FILE #		]	HE ABOVE SPAC		R FILING OFFICE USE	بسكويبنكي بالتكوية
Į.	JUDGE OF PROE  IST# 1992_09399_CONT_#1997_0744  X TERMINAT!ON: Effectiveness of the Financing Statement identified above is	<u> Acont</u>	#2002	13363	T to b	e filed [for record] (or record). LESTATE RECORDS.	ed) in the
3.	CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.						
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.							
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.							
	Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in its 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)	give new	DELETE name to be deleted in	: Give record name item 6a or 6b.	☐ AD	D name: Complete item 7a n 7c; also complete items 7d	or 7b, and also I-7g (if applicable).
	CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME	<del></del>	······································	<del></del>	<del></del>	. <del></del>	
OR							
UK	TOD. INDIVIDUALS LAST NAME	FIRST NAME			MIDDLE NAME		SUFFIX
7 (	JONES  CHANGED (NEW) OR ADDED INFORMATION:	TE	RRY_	RY			
•••	7a. ORGANIZATION'S NAME		<del></del>	······································			······································
ОR	7b. INDIVIDUAL'S LAST NAME	TEIDOT NAME	<del></del>	<del></del>		1 A B ef	Leuceix
	TO, INDIVIDUALS LAST NAME	FIRST NAME			MIDDLE	NAME	SUFFIX
7c.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
7d.	TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR	7f. JURISDICT	ON OF ORGAN	ZATION	7g. ORG/	ANIZATIONAL ID #, if any	NONE
	MENDMENT (COLLATERAL CHANGE): check only one box.				<u>.                                    </u>		
	escribe collateral deleted or added, or give entire restated collateral	description, or	describe collate	assigned.			
a	IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEN						a Debtor which
	9a. ORGANIZATION'S NAME				•		
OR	PEOPLES SOUTHERN BANK 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	<u></u>		MIDDLE	NAME	SUFFIX
<b>10</b> .0	PTIONAL FILER REFERENCE DATA						