



	CONTACT AT FILER [optional]						
Lexis	lovie						
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	et, Suite 100 o, CA 95814						
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INITIAL FINANCING STA	TEMENT FILE#		THE ABOVE	أثناها والمتابع فيمراكانها	OR FILING OFFICE U		
18958				r to	1b. This FINANCING STATEMENT AMENDMENT to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.		
TERMINATION: E	ffectiveness of the Financing Statement	identified above is terminate	d with respect to security interest(s) of	the Secured P	arty authorizing this Termin	nation Statement.	
CONTINUATION:	Effectiveness of the Financing Statemitional period provided by applicable la	ent identified above with re-					
	or partial): Give name of assignee in it		assignee in item 7c; and also give nam	o of accionar i	n itom O		
	Y INFORMATION): This Amendmen					<u> </u>	
lso check <u>one</u> of the follo	wing three boxes and provide appropria	te information in items 6 and	1/or 7.	., <u>-112</u> or 11636			
CHANGE name and/o	r address: Give current record name in a) in item 7a or 7b and/or new address (i	item 6a or 6b; also give new f address change) in item 7d	DELETE name: Give record to be deleted in item 6a or 6b		DD name: Complete item	7a or 7b, and als	
URRENT RECORD IN	IFORMATION:		. La so coloted in ten da or ob	·	em 7c; also complete item	s /u-/g (n appac	
6a. ORGANIZATION'S	NAME			······································		· · · · · · · · · · · · · · · · · · ·	
6b. INDIVIDUAL'S LAS	TNAME					<u></u>	
	EDWARDS	FIRST	FRANK	MIDDLE	NAME	SUFFIX	
7a. ORGANIZATION'S	ADDED INFORMATION:	· · · · · · · · · · · · · · · · · · ·					
ra. OrtoArtiZATIOITS	AVIAIT.						
7b. INDIVIDUAL'S LAS	ΓNAME	FIRST	NAME	MIDDLE	NAME	SUFFIX	
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AILING ADDRESS			SDICTION OF ORGANIZATION			y	
	ORGANIZATION '	SANIZATION 7f. JUR	SDICTION OF ORGANIZATION			y	
MENDMENT (COLL	ORGANIZATION DEBTOR ATERAL CHANGE): check only one	SANIZATION 7f. JUR box.		7g. ÖRG		y	
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MENDMENT (COLLA escribe collateral de	ORGANIZATION DEBTOR ATERAL CHANGE): check only one eleted or added, or give entire PARTY OF RECORD AUTHORIZ	box. restated collateral description	on, or describe collateral assign	ed.	SANIZATIONAL ID#, if an		
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AME OF SECURED describe collateral or adds the gas. ORGANIZATION'S N	ORGANIZATION DEBTOR ATERAL CHANGE): check only one eleted or added, or give entire authorizing Debtor, or if this is a Terminiane A FEDERAL SAVINGS BA	box. restated collateral descriptions SING THIS AMENDMENT nation authorized by a Debto	on, or describe collateral assign	ed.	SANIZATIONAL ID#, if an		

	INITIAL FINANCING STATEMENT FILI	E # (same as item 1a on Amendr	ment form)		
01	18958				
12.	12a. ORGANIZATION'S NAME				
OR	ALTUS BANK, A FEDERAL SAVINGS BANK C/O GREENPOINT 12b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME FI				
	120. HADIAIDONE S CAST TANIALE	FIRST NAME	MIDDLE NAME, SUFFIX		
13.	Use this space for additional informatio	n .			
DF	EBTOR NAME				
	RANK C. EDWARDS				

AL-Shelby County

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

NAME OF AUTHORIZING PARTY ALTUS BANK, A FEDERAL SAVINGS BANK c/o GREENPOINT CR 12250 KIRKHAM ROAD POWAY, CA 92064 USA

P.O. BOX 292

WILTON, AL 35187 USA