


A. NAME & PHONE OF CONTACT AT FILER (optional)  B. SEND ACKNOWLEDGMENT TO: (Name and Address)  FIRST NATIONAL BANK OF SHELBY COUNTY P 0 80X 977 106 EAST COLLEGE STREET COLUMBIANA, AL 35051  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a. INITIAL FINANCING STATEMENT FILE #  SHELBY COUNTY INIST# 1997-01826  2. V TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interestful of the Secured Party authorizing this Termination Statement is continued for the additional pariod provided by applicable law.  4. ASSIGNMENT (full or partial): Give name of assignee in item 7s or 7b and address of assignee in Kem 7c, and also give name of assigner in term 9.  5. AMENDMENT (PARTY INFORMATION): This Amendment effects Debtor or AMBOR Party authorizing of these two boxes.  Asso cheek one of the following three boxes and provide appropriate information in term 6 and/or 7.  CHANGE have addressed five oursert record mane in item 6s or 8b; also give name of Debtor or Terms of the propriate item 7s or 7b, and also check one of the following three boxes and provide appropriate information in terms 6 and/or 7.  GRANGE have addressed five oursert record mane in item 6s or 8b; also give name of the following three boxes and provide appropriate information in terms 6 and/or 7.  GRANGE have addressed five oursert record mane in item 6s or 8b; also give name of the following three boxes and provide appropriate information in terms 6 and/or 7.  GRANGE have addressed five oursert record mane in item 6s or 8b; also give name of the following three boxes and provide appropriate information in term 8 and/or 7.  GRANGE have addressed five oursert record mane in item 6s or 8b; also give name of the following three boxes and provide appropriate information in term 7s or 7b, and also give name of the memory of the secured name in term 7s or 7b; and also give name of the following three boxes and provide appropriate information in term 8 and/or 7c.  GRANGE have addressed five oursert record	A NAME & PHONE OF CONTACT AT FILER (optional)  8. SEND ACKNOWLEDGMENT TO: (Name and Address)  FIRST MATIONAL BANK OF SHELBY COUNTY P 0 BOX 977  100 EAST COLLEGE STREET COLUMBIANA, AL 35051  11. INSTAL FINANCING STATEMENT FILE #  SHELBY COUNTY INSTAL FINANCING STATEMENT AND BOX 977  10. TERMINATION: Effectiveness of the Financing Statement dentified above an terminated with respect to security interested of the Security Financial Financial Financial Financial Financial Financial Financial Financial Financial Statement for the soldinal princip provided by spiciotion for an expect to security interested of the Security Financial Financ			STATEME (front and back)	ENT AMENDMEN'	T		
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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a. INITIAL FINANCING STATEMENT FILE #  SHELBY COUNTY INST# 1997-01826  1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) for recorded in the SHELBY COUNTY INST# 1997-01826  1c. X TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interestial of the Secured Party authorizing this Continuation Statement is 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 assigner 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 and of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address: Give current record name in item 6a or 6b. Item 7c; also complete items 7d-7g (if applicable 6c. CURRENT RECORD INFORMATION):  6a. ORGANIZATION'S NAME  COOSA ENTERPRISES  OR  6b. INDIVIDUAL'S LAST NAME  FIRST NAME  IFIRST NAME  MIDDLE NAME  SUFFIX  7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY    In Initial Invasions Statement File	B. SEND A	CKNOWLEDGN	JENT TO: (Nami	and Address)			
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	adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.  9a. ORGANIZATION'S NAME  FIRST NATIONAL BANK OF SHELBY COUNTY  OR							
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	9a. ORGANIZATION'S NAME  FIRST NATIONAL BANK OF SHELBY COUNTY  OR							
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		OR			FIRST NATI	ONAL BANK OF SHELBY COUNT	Ϋ	
		9b. IND	IVIDUÁL'S LAST	NAME	<del></del>	FIRST NAME	MIDDLE NAME	SUFFIX
	10. OPTIONAL FILER REFERENCE DATA	<b>\</b>				§	\ \	ſ