

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

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

20030115000030750 Pg 1/1 .00  
Shelby Cnty Judge of Probate, AL  
01/15/2003 13:28:00 FILED/CERTIFIED

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

<p>A. NAME &amp; PHONE OF CONTACT AT FILER [optional]</p> <hr/> <p>B. SEND ACKNOWLEDGMENT TO: (Name and Address)</p> <div style="text-align: center; font-size: 2em; margin-top: 50px;">Alagaso</div>
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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #	1999-02343								
1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the <input checked="" type="checkbox"/> REAL ESTATE RECORDS.									
2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.									
3. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.									
4. <input type="checkbox"/> 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 <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes. Also check <u>one</u> of the following three boxes and provide appropriate information in items 6 and/or 7. <input type="checkbox"/> CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).									
6. CURRENT RECORD INFORMATION:									
6a. ORGANIZATION'S NAME									
OR	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">6b. INDIVIDUAL'S LAST NAME</td> <td style="width: 20%;">FIRST NAME</td> <td style="width: 20%;">MIDDLE NAME</td> <td style="width: 20%;">SUFFIX</td> </tr> <tr> <td>Kopp</td> <td>misty</td> <td>m</td> <td></td> </tr> </table>	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	Kopp	misty	m	
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7. CHANGED (NEW) OR ADDED INFORMATION:									
7a. ORGANIZATION'S NAME									
OR	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">7b. INDIVIDUAL'S LAST NAME</td> <td style="width: 20%;">FIRST NAME</td> <td style="width: 20%;">MIDDLE NAME</td> <td style="width: 20%;">SUFFIX</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX				
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7c. MAILING ADDRESS									
631 Forest Hills Rd									
CITY									
A145 Astor									
STATE									
Al									
POSTAL CODE									
35007									
COUNTRY									
7d. TAX ID #, SSN OR EIN	7e. TYPE OF ORGANIZATION								
7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any								
	<input type="checkbox"/> NONE								
8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.									

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.									
9a. ORGANIZATION'S NAME									
Alagaso									
OR	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">9b. INDIVIDUAL'S LAST NAME</td> <td style="width: 20%;">FIRST NAME</td> <td style="width: 20%;">MIDDLE NAME</td> <td style="width: 20%;">SUFFIX</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX				
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10. OPTIONAL FILER REFERENCE DATA