



SEND ACKNOWLEDGMENT TO: (Name and Address) ALABAMA TELCO CREDIT UNION 1849 DATA DRIVE BIRMINGHAM, AL 35244 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE # SHELBY COUNTY 2001-02769 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interestly) of the Secured Party authorizing this Termination Statement. ASSIGNMENT (file to partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and else give name of assigner in item 9. AMENDMENT (party information): This Amendment affects Debtor or Secured Party outhorizing this Continuation Statement is continued for the additional period provided by applicable law. ASSIGNMENT (file to partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and else give name of assigner in item 9. AMENDMENT (party information): This Amendment affects Debtor or Secured Party of the continuation Statement is continued for the address and provide appropriate information in items 5 and or 7. CHANGE name and/or address; Give current record name in items 6a notic 7. CHANGE name and/or address; Give current record name in items 6a notic 3 and 7a. CHANGE name and/or address; Give current record name in items 6a notic 7. CHANGE name and/or address; Give current record name in items 6a notic 3 and 7a. To be deleted in item 6a or 5b. In item 6a or 5b. In item 6a or 5b. In item 7c; also complete item 7a or 7b, and about 7b. CHANGED (NEW) OR ADDED INFORMATION: To CRANIZATION'S NAME FIRST NAME INDEX NAME AMELING ADDRESS TATE POSTAL CODE COUNTRY TATE F. SNN GR EN ADDL INFORMATION: TO ORGANIZATION OF GRANIZATION 7g ORGANIZATION 7g ORGANIZAT	A. NAME & PHONE OF CONTACT AT FILER [optional]			
ALABAMA TELCO CREDIT UNION 1849 DATA DRIVE BIRMINGHAM, AL 35244 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE # SHELBY COUNTY 2001-02769 The Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continuated or the additional period provided by applicable low. ASSIGNMENT (full or partial): Give name of assignor in item 7s or 7b and address of assignor in item 7s; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment effects Debtor at Secured Party of record. Check only gag to these two boxes. Also check ang of the following three boxes and provide appropriate information in items 6 and/or 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment effects Debtor at	CHRISTY BARNETTE			
INITIAL FINANCING STATEMENT FILE # SHELBY COUNTY 2001-02769 □ This FINANCING STATEMENT AMENDAMENT AMENDAMEN	5. SEND ACKNOWLEDGMENT TO: (Name and Address)			
SHELBY COUNTY 2001-02769 ITERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement. 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. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Debtor 7. CHANGE name and/or address; Give current record name in item 6a or 6b, also give new come 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, also give new come 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, also give new come 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, also give new come 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, also give name of assignor in item 7c; also complete item 7a or 7b, and also give name of assignor in item 9. ADD name: Change in item 7c; also complete item 7a or 7b, and also give name of assignor in item 7a or 7b, and also give name of	1849 DATA DRIVE			
SHELBY COUNTY 2001-02769 ITERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement. 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. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Debtor 7. CHANGE name and/or address; Give current record name in item 6a or 6b, also give new come 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, also give new come 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, also give new come 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, also give new come 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, also give name of assignor in item 7c; also complete item 7a or 7b, and also give name of assignor in item 9. ADD name: Change in item 7c; also complete item 7a or 7b, and also give name of assignor in item 7a or 7b, and also give name of				
SHELBY COUNTY 2001-02769 ITERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement. 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. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Debtor 7. CHANGE name and/or address; Give current record name in item 6a or 6b, also give new come 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, also give new come 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, also give new come 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, also give new come 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, also give name of assignor in item 7c; also complete item 7a or 7b, and also give name of assignor in item 9. ADD name: Change in item 7c; also complete item 7a or 7b, and also give name of assignor in item 7a or 7b, and also give name of		THE ABOVE	SPACE IS FOR FILING OFFICE U	SE ONI V
TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. 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. 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. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Debtor of Debtor of Party interest(s) of the Secured Party authorizing this Continuation Statement is active for 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; also give new Interest (if name change) in item 7a or 7b, and also give new Interest (if name change) in item 7a or 7b, and also give new Interest (if name change) in item 7a or 7b, and also give new Interest (if name change) in item 7a or 7b, and also give new Interest (if name change) in item 7a or 7b, and also give new Interest (if name change) in item 7a or 7b, and also give new Interest (if name change) in item 7a or 7b, and also give new Interest (if name change) in item 7a or 7b, and also give name of assignee in item 7a or 7b, and also give new Interest (if name if name change) in item 7a or 7b, and also give name of assignee in item 7a or 7b, and also give name of assignee in item 7a or 7b, and also give name of assignee in item 7a or 7b, and also give name of assignee in item 7a or 7b, and also give name of assignee in item 7a or 7b, and also give name of assignee in item 7a or 7b, and also give name of assignee in item 7a or 7b, and also give name of assignee in item 7a or 7b, and also give name of assignee in item 7a or 7b, and also give name of assignee in item 7a or 7b, and also give name of assignee in item 7a o	a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEME	NT AMENDMENT
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. 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. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Debtor			I I REAL ESTATE DECORDS	
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. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor	I ERMINATION: Effectiveness of the Financing Statement	identified above is terminated with respect to security interest(s) of	the Secured Party authorizing this Termin	nation Statement.
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. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Society of record. Check only one of these two boxes. Also check one 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; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: 8a. ORGANIZATION'S NAME CHANGE (NEW) OR ADDED INFORMATION: 7b. INDIVIDUAL'S LAST NAME TO: INDIVID	CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable lav	ent identified above with respect to security interest(s) of the Security.	ured Party authorizing this Continuation	Statement is
AMENDMENT (PARTY INFORMATION): This Amendment affects	······································			······································
Also check one 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; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME LOVELADY CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME To. INDIVIDUAL'S LAST NAME FIRST NAME JOEY CITY STATE POSTAL CODE COUNTRY TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only ging box.	AMENDMENT (PARTY INFORMATION): This Amendmen			
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. DELETE name: Give record name to be deleted in item 6a or 6b.	Also check one of the following three boxes and provide appropriat	te information in items 6 and/or 7.	y <u>one</u> of these two boxes.	
CURRENT RECORD INFORMATION: Sa. ORGANIZATION'S NAME		tem 6a or 6b; also give new DELETE name: Give record n		7a or 7b, and also
6b. INDIVIDUAL'S LAST NAME LOVELADY CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME The individual's last name FIRST NAME FIRST NAME MIDDLE NAME SUFFIX SUFFIX TAX ID #: SSN OR EIN ADDIL INFO RE ORGANIZATION ORGANIZATI	CURRENT RECORD INFORMATION:	address change) in item 7c to be deleted in item 6a or 6b.	item 7c; also complete item	s 7d-7g (if applicat
FIRST NAME LOVELADY CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX FIRST NAME MIDDLE NAME SUFFIX TAX ID #: SSN OR EIN ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only goe box.	6a. ORGANIZATION'S NAME	······································	· · · · · · · · · · · · · · · · · · ·	
FIRST NAME LOVELADY CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX FIRST NAME MIDDLE NAME SUFFIX TAX ID #: SSN OR EIN ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only goe box.	S Ch. INDIVIDUALIS LA CONTINUE			
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	100. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7a. ORGANIZATION'S NAME To. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX MIDDLE NAME SUFFIX MIDDLE NAME SUFFIX MIDDLE NAME FORTAL CODE COUNTRY TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION				
TAX ID #: SSN OR EIN ORGANIZATION DEBTOR TO COLLATERAL CHANGE): check only goe box. FIRST NAME MIDDLE NAME SUFFIX MIDDLE NAME SUFFIX TAX ID #: SSN OR EIN ORGANIZATION OF ORGANIZATION OF ORGANIZATION OF ORGANIZATION OF ORGANIZATION OR	LOVELADY	JOEY	L	•
TAX ID #: SSN OR EIN ORGANIZATION DEBTOR To theck only one box. FIRST NAME MIDDLE NAME SUFFIX MIDDLE NAME SUFFIX MIDDLE NAME SUFFIX AMEDIA NO. 176. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION ORG	CHANGED (NEW) OR ADDED INFORMATION:	JOEY	L	
MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY TAX ID #: SSN OR EIN ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only gne box.	CHANGED (NEW) OR ADDED INFORMATION:	JOEY	L	
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any DEBTOR NO AMENDMENT (COLLATERAL CHANGE): check only one box.	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	JOEY		
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any DEBTOR NO AMENDMENT (COLLATERAL CHANGE): check only one box.	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			SUFFIX
ORGANIZATION ORGANIZATION 7g. ORGANIZATIONAL ID #, if any DEBTOR NO AMENDMENT (COLLATERAL CHANGE): check only one box.	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME			SUFFIX
ORGANIZATION ORGANIZATION 7g. ORGANIZATIONAL ID #, if any DEBTOR NO AMENDMENT (COLLATERAL CHANGE): check only one box.	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE NAME	
AMENDMENT (COLLATERAL CHANGE): check only one box.	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	FIRST NAME CITY	MIDDLE NAME STATE POSTAL CODE	COUNTRY
AMENDMENT (COLLATERAL CHANGE): check only one box.	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGONIZATION	FIRST NAME CITY	MIDDLE NAME STATE POSTAL CODE	COUNTRY
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGORGANIZATION DEBTOR DEBTOR ORGANIZATION ORGANIZATION	FIRST NAME CITY ANIZATION 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME STATE POSTAL CODE	COUNTRY
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one between the control or and the control of the control of the control one between the control of the control	FIRST NAME CITY ANIZATION 7f. JURISDICTION OF ORGANIZATION DOX.	MIDDLE NAME STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if any	COUNTRY
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one between the control or and the control of the control of the control one between the control of the control	FIRST NAME CITY ANIZATION 7f. JURISDICTION OF ORGANIZATION DOX.	MIDDLE NAME STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if any	COUNTRY
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one between the control or and the control of the control of the control one between the control of the control	FIRST NAME CITY ANIZATION 7f. JURISDICTION OF ORGANIZATION DOX.	MIDDLE NAME STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if any	COUNTRY
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one to the control of	FIRST NAME CITY ANIZATION 7f. JURISDICTION OF ORGANIZATION DOX.	MIDDLE NAME STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if any	COUNTRY
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one to the control of	FIRST NAME CITY ANIZATION 7f. JURISDICTION OF ORGANIZATION DOX.	MIDDLE NAME STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if any	COUNTRY
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one to the control of	FIRST NAME CITY ANIZATION 7f. JURISDICTION OF ORGANIZATION DOX.	MIDDLE NAME STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if any	COUNTRY
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one to the control of	FIRST NAME CITY ANIZATION 7f. JURISDICTION OF ORGANIZATION DOX.	MIDDLE NAME STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if any	COUNTRY
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one to the control of	FIRST NAME CITY ANIZATION 7f. JURISDICTION OF ORGANIZATION DOX.	MIDDLE NAME STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if any	COUNTRY
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one to the contract of the c	FIRST NAME CITY ANIZATION 7f. JURISDICTION OF ORGANIZATION DOX.	MIDDLE NAME STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if any	COUNTRY
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one to the contract of the c	FIRST NAME CITY ANIZATION 7f. JURISDICTION OF ORGANIZATION DOX.	MIDDLE NAME STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if any	COUNTRY
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one to be collateral deleted or added, or give entire needed need	FIRST NAME CITY ANIZATION 7f. JURISDICTION OF ORGANIZATION DOX. restated collateral description, or describe collateral assigne	STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if any	COUNTRY
IAME 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	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	FIRST NAME CITY ANIZATION 7f. JURISDICTION OF ORGANIZATION DOX. restated collateral description, or describe collateral assigned NG THIS AMENDMENT (name of assignor, if this is an Assignor)	MIDDLE NAME STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if any ed.	COUNTRY
and enter name of DEBTOR authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one to be collateral deleted or added, or give entire respectively. The collateral of the collateral or adds the authorizing Debtor, or if this is a Terminal data collateral or adds the authorizing Debtor, or if this is a Terminal collateral or adds the authorizing Debtor, or if this is a Terminal collateral or adds the authorizing Debtor, or if this is a Terminal collateral or adds the authorizing Debtor, or if this is a Terminal collateral or adds the authorizing Debtor, or if this is a Terminal collateral or adds the authorizing Debtor, or if this is a Terminal collateral or adds the authorizing Debtor, or if this is a Terminal collateral or adds the authorizing Debtor, or if this is a Terminal collateral or adds the authorizing Debtor.	FIRST NAME CITY ANIZATION 7f. JURISDICTION OF ORGANIZATION DOX. restated collateral description, or describe collateral assigned NG THIS AMENDMENT (name of assignor, if this is an Assignor)	MIDDLE NAME STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if any ed.	COUNTRY
9a. ORGANIZATION'S NAME	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one to the collateral deleted or added, or give entire respectively of the collateral deleted or added, or give entire respectively of the collateral or adds the authorizing Debtor, or if this is a Terminal ga. ORGANIZATION'S NAME	FIRST NAME CITY ANIZATION 7f. JURISDICTION OF ORGANIZATION DOX. restated collateral description, or describe collateral assigned NG THIS AMENDMENT (name of assignor, if this is an Assignor)	MIDDLE NAME STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if any ed.	COUNTRY
9a. ORGANIZATION'S NAME ALABAMA TELCO CREDIT UNION	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORG ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one to be collateral deleted or added, or give entire record added reco	FIRST NAME CITY ANIZATION 7f. JURISDICTION OF ORGANIZATION DOX. restated collateral description, or describe collateral assigned assig	MIDDLE NAME STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if any ed.	COUNTRY