

02/04/2003 13:18:00 FILED/CERTIFIED

UCC FINANCING	STATEMENT	AMENDMEN'	T				
FOLLOW INSTRUCTIONS							
A. NAME & PHONE OF CO PATRICIA HUNTI		•					
B. SEND ACKNOWLEDG	MENT TO: (Name and A	\ddress)					
600 NORTH	POWER COMPAN 18TH STREET M, AL 35291	JY					
				THE ABOVE SPA	ندسين كرسيك	R FILING OFFICE US	
1a. INITIAL FINANCING STATEMENT FILE # 1998-42713/SHELBY				1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the			
2. TERMINATION: Effe	·	Statement identified above is	terminated with respect to	security interest(s) of the S	بنصيب	AL ESTATE RECORDS.	ation Statement
		ng Statement identified above					
3 3	onal period provided by app	-	o with recipoot to ecounty		i ariy addi	onzing this continuetion t	Marchitelit 12
4. ASSIGNMENT (full o	r partial): Give name of ass	signee in item 7a or 7b and ad	dress of assignee in item	7c; and also give name of a	assignor in	it e m 9.	
5. AMENDMENT (PARTY	INFORMATION): This	Amendment affects Debt	or or Secured Party	of record. Check only one	of these	two boxes.	
		appropriate information in ite					
CHANGE name and/or a name (if name change)	address: Give current recordin item 7a or 7b and/or new	d name in item 6a or 6b; also (address (if address change) i	give new DELETI n item 7c. to be de	E name: Give record name eleted in item 6a or 6b.		DD name: Complete item : m 7c; also complete items	7a or 7b, and also 7d-7g (if applicable).
6. CURRENT RECORD INF				······································		······································	
6a. ORGANIZATION'S NA	AME						
OR 6b. INDIVIDUAL'S LAST	NAME	·	FIRST NAME		MIDDLE	NAME	SUFFIX
JONES			JUDITH		Н.		SUFFIX
7. CHANGED (NEW) OR AL	DED INFORMATION:	<u></u>			11.	,	
7a. ORGANIZATION'S NA			<u>. </u>		<u> </u>	<u> </u>	
7b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX
7c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
400 LIBERTY ROAD			CHELSEA		AL	35043	j
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR			7f. JURISDICTION OF ORGANIZATION		7g. ORGANIZATIONAL ID #, if any		<u> </u>
							NONE
8. AMENDMENT (COLLA	TERAL CHANGE): chec	k only <u>one</u> box.					
Describe collateral dele	eted or added, or give	e entire restated collateral	description, or describe	collateral assigned.			
O MANE OF OF OUR OF O	DADTVACDEAAAA				A 10 4 5 5		
NAME OF SECURED I adds collateral or adds the a		UTHORIZING THIS AME! is a Termination authorized by					₫ by a Debtor which
9a. ORGANIZATION'S NA							
ALABAMA POV	VER COMPANY						
9b. INDIVIDUAL'S LAST I	9b. INDIVIDUAL'S LAST NAME			FIRST NAME			SUFFIX
10. OPTIONAL FILER REFERE	NCE DATA						