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

20044

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

								Shelby	211000085910 Pg Conty Judge of 2003 15:09:00 F	1/1 .00 Probate,AL
DLLOW II	NSTRUCTIONS	STATEME (front and back)	CAREFULLY	NDMEN.						
. NAME 8	PHONE OF C	ONTACT AT FILE	R [optional]							
SEND A	CKNOWLEDG	MENT TO: (Nam	e and Address)	<del></del>	<u>.                                    </u>					
	PO	st Commer BOx 11746 mingham,								
	_					THE	AROVE SDA	e ie en	R FILING OFFICE U	SE ONI V
, INITIAL F	FINANCING STAT	EMENT FILE #		<del></del>	. <del></del> ;	ING	ABUTE OFA	1b. This	FINANCING STATEME	NT AMENDMEN
	بسنك سنداست	207160003			في المراجع الم				e filed [for record] (or re AL ESTATE RECORDS.	
									ty authorizing this Termin	
contin	TINUATION: E	frectiveness of the found on all period provided	inancing Statement by applicable law.	it identified above	e with respect t	o security interest(s) o	of the Secured F	Party author	rizing this Continuation	Statement is
ASSI	GNMENT (full o	r partial): Give nam	e of assignee in iten	n 7a or 7b and ad	dress of assign	ee in item 7c; and also	give name of a	ssignor in	item 9.	
CURREN 6a. OR	(if name change) NT RECORD INF GANIZATION'S N DR	Builders,	or new address (if a	em da or db; also	in item 7c.	to be deleted in iten	ve record name	ite	D name: Complete item n 7c: also complete item	s 7d-7a (if applica
6b. IND	IVIDUAL'S LAST	NAME			FIRST NAME			MIDDLE	NAME	SUFFIX
	ED (NEW) OR AD	DDED INFORMATION	ON:							
7b. IND	. INDIVIDUAL'S LAST NAME			<u> </u>	FIRST NAME			MIDDLE NAME		SUFFIX
MAILING	ADDRESS				CITY			STATE	POSTAL CODE	COUNTRY
TAX ID #	: SSN OR EIN	ADD'L INFO RE ORGANIZATION	7e. TYPE OF ORGA	ANIZATION	7f. JURISDIC	TION OF ORGANIZAT	ION	7g. ORG	ANIZATIONAL ID #, if ar	ny
Describe	coliateral del		or give entire re	estated collateral		describe collateral				
									an Amendment authorize izing this Amendment.	ed by a Debtor whi
9a. ORG	SANIZATION'S N	ME		<del></del>		· <u>·····</u>	· <u>·</u>			
9b. INDI	Fi1	st Commer	cial Bank	τ	FIRST NAME			MIDDLE	NAME	SUFFIX
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10,0PTIONAL FILER REFERENCE DATA