



02/12/2003 08:43:00 FILED/CERTIFIED

UCC FINANCING FOLLOW INSTRUCTIONS		NTAMENDMEN					
A. NAME & PHONE OF C							
B. SEND ACKNOWLEDG	MENT TO: (Name a	and Address)					
AMSOUTH	D A NIK						
PO BOX 19							
BIRMINGHA	AM AL 35201						
4 . (247) 4 . 514 . 4 . (2) 14 . 2			THE ABOVE	SPACE IS FO	R FILING OFFICE US	E ONLY	
1a. INITIAL FINANCING STATE FILE# 2001-3015		IELBY CO AL			e filed [for record] (or reco		
	·····		terminated with respect to security interest(s) o	f the Secured Par	AL ESTATE RECORDS.  ty authorizing this Termina	tion Statement.	
	ffectiveness of the Fin	ancing Statement identified above	e with respect to security interest(s) of the Se				
4. ASSIGNMENT (full o	r partial): Give name o	of assignee in item 7a or 7b and ac	dress of assignee in item 7c; and also give na	me of assignor in	item 9.		
5. AMENDMENT (PARTY	INFORMATION): 1	This Amendment affects Debte	or or Secured Party of record. Check o			· · · · · · · · · · · · · · · · · · ·	
		ovide appropriate information in iter record name in item 6a or 6b; also o		inama 📑 Afi	M nome: Complete item 7		
name (if name change)  6. CURRENT RECORD INF		record name in item 6a or 6b; also ( new address (if address change) in	n item 7c. to be deleted in item 6a or 6	b. ite	D name: Complete item 7 m 7c; also complete items	a or 7b, and also 7d-7g (if applicable)	
6a. ORGANIZATION'S N.		<u>.                                    </u>	<u> </u>	<del></del>			
OR 6b. INDIVIDUAL'S LAST	NAME	······································	Tereor Alabae			. <u>.                                   </u>	
MORIN	I AVIAIT		FIRST NAME KEVIN	MIDDLE	MIDDLE NAME		
7. CHANGED (NEW) OR A	DED INFORMATION	ł:			<del></del>		
7a. ORGANIZATION'S N.	AME			· · · · · · · · · · · · · · · · · · ·	<del></del>		
OR 7b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX	
				IVII O CLE	JUNE TOTAL		
7c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY	
7d. TAX ID #: SSN OR EIN	ADD'L INFO RE 17e	. TYPE OF ORGANIZATION	71. JURISDICTION OF ORGANIZATION	Zo OPC	ANIZATIONAL ID 4: 4 ani		
	ORGANIZATION DEBTOR		71. UCHIODICTICIA OF CHGANIZATION	/g. ORG/	ANIZATIONAL ID #, if any		
B. AMENDMENT (COLLA	TERAL CHANGE): d	check only <u>one</u> box.		· · · · · · · · · · · · · · · · · · ·	<del>"</del>	NONE	
			description, or describe collateral assign	ned.			
· · · · · · · · · · · · · · · · · · ·							
adds collateral or adds the a	PARTY OF RECORI	D AUTHORIZING THIS AMEN this is a Termination authorized by	NDMENT (name of assignor, if this is an Assignant and enter name of	nment). If this is DEBTOR author	an Amendment authorized izing this Amendment.	by a Debtor which	
9a. ORGANIZATION'S NA	· <del>-</del>			<u> </u>	<u> </u>		
9b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE	JANAE		
	1001		TINOT NAIVIE	WIDDLE!	Y∕KIVIÇ.	SUFFIX	
0. OPTIONAL FILER REFEREI	NCE DATA		<u> </u>	1			

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UCC FINANCING								
	(front and back) CAREFULLY OR (1a or 1b) ON RELATED		TEMENT					
9a. ORGANIZATION'S NAM		1 11 17 11 10 11 11 11 11 11 11 11 11 11 11 11						
OR								
96. INDIVIDUAL'S LAST NA			MIDDLE NAME, SUFFIX					
MORIN	KEVIN		P					
10. MISCELLANEOUS:								
<del></del>						IS FOR FILING OF	ICE USE ONLY	
	R'S EXACT FULL LEGAL NAM	ME - insert only <u>one</u> n	ame (11a or 11b) - do not abbrev	riate or combine name	es			
11a. ORGANIZATION'S NA	ME.							
OR 11b. INDIVIDUAL'S LAST N	AME		FIRST NAME		MIDDLE	NAME	SUFFIX	
MORIN			RAYMOND					
11c. MAILING ADDRESS	<del>- , </del>	· · · · · · · · · · · · · · · · · · ·	CITY		STATE POSTAL CODE		COUNTRY	
	. • • • • • • • • • • • • • • • • • • •	ORGANIZATION	11f. JURISDICTION OF ORGAI	VIZATION	11g. ORG	ANIZATIONAL ID #, if	any	
	ORGANIZATION DEBTOR		· i		·		NON	
12. ADDITIONAL SECU	JRED PARTY'S or AS	SSIGNOR S/P'S	NAME - insert only one name	(12a or 12b)	<u> </u>			
12a. ORGANIZATION'S NA		· · · · · · · · · · · · · · · · · · ·						
OR LOW WOLLD A COMM	· · · · · · · · · · · · · · · · · · ·	<u> </u>				<u>-</u> <u>-</u>		
12b. INDIVIDUAL'S LAST N	12b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME SUFFIX		
12c. MAILING ADDRESS		<u> </u>	СПУ		STATE POSTAL CODE COUN		COUNTRY	
120. MAILING ADDITICO					JOIAIL	FOSTAL CODE	COUNTRY	
13. This FINANCING STATEME	NT covers timber to be cut o	r as-extracted	16. Additional collateral descri	ption:		<u></u>		
collateral, or is filed as a				<b>JO C </b>				
14. Description of real estate:								
			1					
	CORD OWNER of above-described	d real estate						
(if Debtor does not have a re	ecord interest):							
			17. Check only if applicable an	_				
			Debtor is a Trust or			operty held in trust or	Decedent's Estate	
			18. Check <u>only</u> if applicable an	<del>-</del>	<b>C.</b>			
			Debtor is a TRANSMITTING		-	<b>30</b> - 21		
			Filed in connection with a			_		
			Filed in connection with a	TUDIIC-TINANCO I rans	acuon — ei	iective ou years		