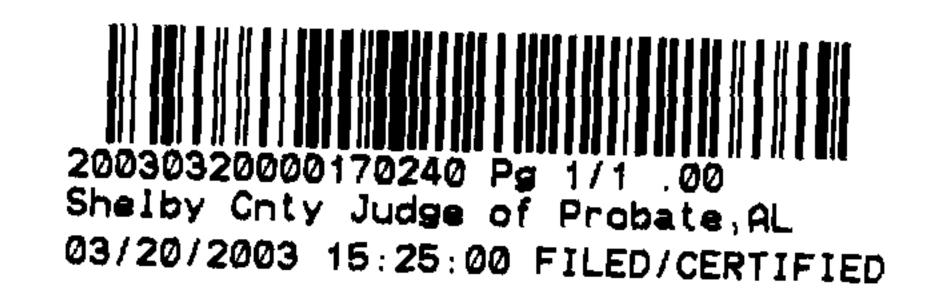
	والمناهدين المناهدين	_	



	C FINANCING STATEMENT AIVENDIVIE LOW INSTRUCTIONS (front and back) CAREFULLY	NI			
_	NAME & PHONE OF CONTACT AT FILER [optional]				
B. 9	SEND ACKNOWLEDGMENT TO: (Name and Address)				
	FIRST NATIONAL BANK OF SHELBY COUNT P 0 BOX 977	Y			
	106 EAST COLLEGE STREET				
	COLUMBIANA, AL 35051				
	<u></u>	THE ARC	VE SPACE IS FOR FILING OFFICE U	RE ONI V	
1a.	NITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEM	الاورمنال وساور والاورمال والمالي بمالورمال والاورمال	
ı	SHELBY COUNTY INST. #1999-16279		to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.		
2.	TERMINATION: Effectiveness of the Financing Statement identified abo	ve is terminated with respect to security intere	<u></u>	ermination Statement.	
3.	CONTINUATION: Effectiveness of the Financing Statement identified at continued for the additional period provided by applicable law.	sove with respect to security interest(s) of the S	Secured Party authorizing this Continuation	Statement is	
4.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b a	and address of assignee in item 7c; and also give	e name of assignor in item 9.		
5. <i>A</i>	MENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record. Check	only <u>one</u> of these two boxes.		
<i>P</i>	Iso check <u>one</u> of the following three boxes <u>and</u> provide appropriate information			7 7 6	
	CHANGE name and/or address: Give current record name in item 6a or 6b; name (if name change) in item 7a or 7b and/or new address (if address cha	also give new DELETE name: Give reconge) in item 7c. to be deleted in item 6a		n 7a or 7b, and also ms 7d-7g (if applicable).	
_	URRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME				
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
	DAVIS	JAMES	W		
7. C	HANGED (NEW) OR ADDED INFORMATION:				
	7a. ORGANIZATION'S NAME				
OR	7b. INDIVIDUAL'S LAST NAME	TERST NAME	MIDDLE NAME	TSUFFIX	
	70. HADIAIDOME 2 CAST MAINE	TOT INAME	IVIIDDLE IVAIVIE	SOFFIX	
7c. N	MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY	
7d. 1	AX ID #: SSN OR EIN ADD'L INFO RE 79. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if	any X NONE	
8. A	MENDMENT (COLLATERAL CHANGE): check only one box.			[V] IAOIAE	
	escribe collateral deleted or added, or give entire restated col	lateral description, or describe collateral as	signed.		
			-		
g N	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	MENDMENT (name of accioner, if this is an	Secianment). If this is an Amandment sutho	rized by a Debter which	
	dds collateral or adds the authorizing Debtor, or if this is a Termination authori				
{	9a. ORGANIZATION'S NAME FIRST NA	ATIONAL BANK OF SHELBY COUNTY			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
}		} · · · · · · · · · · · · · · · · · · ·			
10	OPTIONAL FILER REFERENCE DATA				