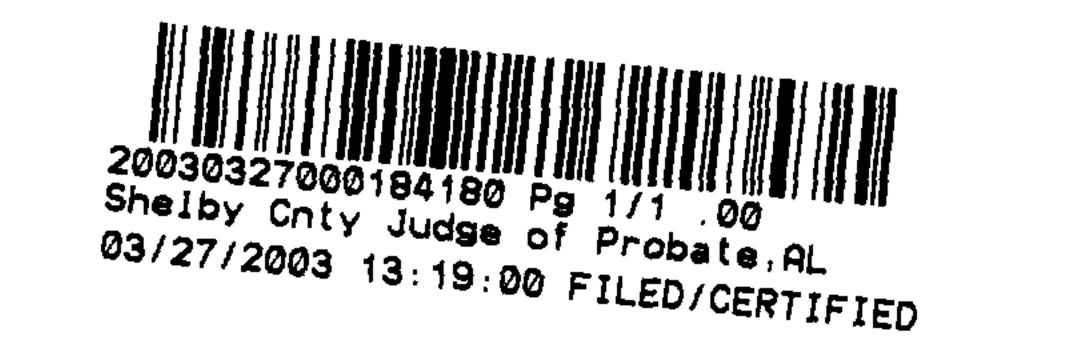
 	<u>-</u>	



-			ENT AMENDMEN				
	NAME & PHONE OF C						
	ATE SAMPSON	(205) -66					
	SEND ACKNOWLEDGE						
	,						
	THE PEC	PLES BAN	K AND TRUST CO.				
	835 MAI	N STREET					
	MONTEVA	LLO, AL	35115				
				THE ABOY	VE SPACE IS FO	R FILING OFFICE USE	ONLY
1a.	INITIAL FINANCING STAT				ľ	FINANCING STATEMEN e filed (for record) (or reco	
	2001-06110		Filed On: 02/	ر بداری داد او ده الوسال و داد او	REA	L ESTATE RECORDS.	
2.				s terminated with respect to security interes		الوطال والتوانية التربطات فالتار فالتار بمالات فا	المرسالية والمسابة والمسابة والمسابة والمسابق وا
3.	CONTINUATION: E continued for the addit			with respect to security interest(s) of the S	Secured Party author	izing this Continuation St	atement is
4 F							
4.		وينووس ويوسا ويستاويسا الويسالوي		address of assignee in item 7c; and also give			
			nd provide appropriate information in	tor or Secured Party of record. Check	only <u>one</u> of these tv	vo boxes.	
	CHANGE name and/or	address: Give curre	nt record name in item 6a or 6b; also	give new DELETE name: Give reco	ord name 🗂 AD	D name: Complete item	7a or 7b, and also
	<u>name (if name change)</u>	in item 7a or 7b ar	nd/or new address (if address change	in item 7c. to be deleted in item 6a		m 7c; also complete item	
6 . (6a. ORGANIZATION'S NA						
OR	66. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	MIDDLE NAME	
	ROTHENSTIN	E		RON		R	
7. 0	CHANGED (NEW) OR A	ADDED INFORM	ATION				
,	7a. ORGANIZATION'S NA						
OR	7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME		
7c. I	MAILING ADDRESS			CITY	STATE	STATE POSTAL CODE COL	
	209 PARK PLA	CE WAY		ALABASTER	AL	35007	
7d.	TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORG	NIZATIONAL ID #, if any	/
		DEBTOR	INDIVIDUAL	ALABAMA	•		NONE
8. <i>F</i>	MENDMENT (COLLA	TERAL CHANGE): check only <u>one</u> box.	وي جي بيدار سال سياد سياد سياد و دور سياد و ينجمون و ينجمون و ينجمون و المسال مساور و ينجمون و المسال و المسال			
C	Describe collateral del	eted or adde	d, or give entire restated collater	ral description, or describe collateral ass	signed.		
		<u> </u>		· · · · · · · · · · · · · · · · · · ·			
	A COLLEGE F				ر المسار		
				NDMENT (name of assignor, if this is an As			ed by a Debtor which
_	9a. ORGANIZATION'S NA	_ _	o tima ia a i criminationi autinonized	by a Debtor, check here and enter nam	e or DEDIOR auth	unzing this Amendment.	
		•	ND TRUST CO.				
OR	9b. INDIVIDUAL'S LAST			TFIRST NAME	MIDDLEN	ANAE	FOITERIN
ļ					IVIDULE IV	A STALE	SUFFIX
10	OPTIONAL FUED OFF	EDENIOE DATA					
10.	OPTIONAL FILER REF	ENCINCE DATA					