



JCC FINANCING STATEMENT AMENDM OLLOW INSTRUCTIONS (front and back) CAREFULLY	ENI				
A. NAME & PHONE OF CONTACT AT FILER [optional]					
Debra Nelson					
B. SEND ACKNOWLEDGMENT TO: (Name and Address)					
National Bank of Commerce of Birmingham					
P.O. Box 10686					
Birmingham Al 35202-0686					
Attn:Collateral Dept					
	الـــــا	THE ABOVE SDA	CE IS FO	R FILING OFFICE USI	E ONLY
4 ANDTIAL EINIANIONIO OTATENICNIT EILE #		INEABOVEORA	1b. This	FINANCING STATEMEN	T AMENDMENT is
1a. INITIAL FINANCING STATEMENT FILE # 1998/33518	•		TO be	e filed [for record] (or reco L ESTATE RECORDS.	rded) in the
2. TERMINATION: Effectiveness of the Financing Statement identified a	above is terminated with respect	to security interest(s) of the S	هربر المستحد الراري		tion Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identifi					
continued for the additional period provided by applicable law.	ed abord with respect to seed.		•		
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7	7b and address of assignee in ite	em 7c; and also give name of a	assignor in i	tem 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects		arty of record. Check only one			
Also check one of the following three boxes and provide appropriate informa		,			
CHANCE name and/or address. Give current record name in item 6a or	6b: also give new Ti DEL	ETE name: Give record name deleted in item 6a or 6b.	AD	D name: Complete item 7 n 7c; also complete items	a or 7b, and also 7d-7g (if applicable).
name (if name change) in item 7a or 7b and/or new address (if address	change) in item /c.	deleted in item of or ob.	1,011		
6. CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME					
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	<u></u>	MIDDLE NAME SUFFIX		SUFFIX
Friday	Joseph		Ray		
7. CHANGED (NEW) OR ADDED INFORMATION:			<u> </u>		
7a. ORGANIZATION'S NAME			······································		
4					
7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATI	ION 7f. JURISDICTION C	FORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	/ 
ORGANIZATION DEBTOR					NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.					
Describe collateral deleted or added, or give entire restated	collateral description, or desc	ribe collateral assigned.			
		<del></del>			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TI	UIC AMENIOMENT (name of	assignor if this is an Assignme	ent). If this is	s an Amendment authorize	ed by a Debtor which
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TO adds collateral or adds the authorizing Debtor, or if this is a Termination at	uthorized by a Debtor, check her	re  and enter name of DEE	STOR auth	orizing this Amendment.	•
9a. ORGANIZATION'S NAME				<u></u>	
National Bank of Commerce of Birmingham					
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
SO, HADIAIDOME S EVOIT IAVAILE					
		<u></u>			
10. OPTIONAL FILER REFERENCE DATA					
Acct# 3226735					

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY	
11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)	
1998/33518	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)  12a. ORGANIZATION'S NAME  NATIONAL BANK OF COMMERCE OF BIRMINGHAM  12b. INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME, SUFFIX	
13. Use this space for additional information	
FRIDAY, PATRICIA M	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY