UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

IMPORTANT — READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM — DO NOT DETACH STUB 31871

				200304300002641 Shelby Cnty Judg	40 Pg 1/1 28.00 ge of Probate, AL 8:00 FILED/CERTIFIED
U	CC FINANCING	G STATEMENT AMENDMEN	1T		
FO	LLOW INSTRUCTION	S (front and back) CAREFULLY			
1		CONTACT AT FILER [optional] AN. (205)868-4895			
В.	SEND ACKNOWLED	MENT TO: (Name and Address)			
	P O BOX	OMMERCIAL BANK 11746 HAM,AL 35202			
1a.	INITIAL FINANCING STA	TEMENT FILE #	THE ABOVE SE	PACE IS FOR FILING OFFICE US 1b. This FINANCING STATEMEN	
	1998/ 1732	JUDGE OF PROBATE SHELI	BY COUNTY	to be filed [for record] (or rec REAL ESTATE RECORDS.	
2.		fectiveness of the Financing Statement identified above			
3.	continued for the addi	Effectiveness of the Financing Statement identified about tional period provided by applicable law.	ove with respect to security interest(s) of the Secure	ed Party authorizing this Continuation S	Statement is
4.	ASSIGNMENT (full	or partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c; and also give name o	of assignor in item 9.	
		INFORMATION): This Amendment affects De		one of these two boxes.	
ſ	CHANGE name and/or	wing three boxes <u>and</u> provide appropriate information in address: Please refer to the detailed instructions	DELETE name: Give record name	ADD name: Complete item 7a	o <u>r</u> 7b, and also
6.	CURRENT RECORD IN	the name/address of a party. FORMATION:	to be deleted in item 6a or 6b.	item 7c; also complete items 7e	9-7g (if applicable).
	6a. ORGANIZATION'S N	NAME			
OR			FIRST NAME	MIDDLE NAME	SUFFIX
7. (CHANGED (NEW) OR A	DDED INFORMATION:			
OΒ					
OR	7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS			CITY	STATE POSTAL CODE	COLINTRY
				SIAIE POSIAL CODE	COUNTRY
7d.	SEE INSTRUCTIONS	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	,
<u> </u>		DEBTOR			NONE
E		TERAL CHANGE): check only <u>one</u> box. leted or added, or give entire restated collater N 1998/17323	ral description, or describe collateral assigned		
а	dds collateral or adds the	PARTY OF RECORD AUTHORIZING THIS AME authorizing Debtor, or if this is a Termination authorized			by a Debtor which
	9a. ORGANIZATION'S N				
OR	FTRST COM	MERCIAL BANK NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA