## NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)

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

		2003050800028533 Shelby Cnty Judg	30 Pg 1/1 .00 se of Probate, AL 2:00 FILED/CERTIFIE
UCC FINANCING STATEMENT AMENDME FOLLOW INSTRUCTIONS (front and back) CAREFULLY	NT		
A. NAME & PHONE OF CONTACT AT FILER [optional]			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Alagasw			
	THE ADOME		
1a. INITIAL FINANCING STATEMENT FILE #		SPACE IS FOR FILING OFFICE U  1b. This FINANCING STATEME	NT AMENDMENT is
2. M TERMINATION: Effectiveness of the Financing Statement identified above	00 9 8 R 000	REAL ESTATE RECORDS.	corded) in the
2. TERMINATION: Effectiveness of the Financing Statement identified above  8. CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law	ove with respect to security interest(s) of	the Secured Party authorizing this Terminured Party authorizing this Continuation	Statement.
The state of the s			Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and 5. AMENDMENT (PARTY INFORMATION): This Amendment effects 1. D.			
<ol> <li>AMENDMENT (PARTY INFORMATION): This Amendment affects D</li> <li>Also check one of the following three boxes and provide appropriate information in</li> </ol>		ly <u>one</u> of these two boxes.	
CHANGE name and/or address: Give current record name in item 6a or 6b; al name (if name change) in item 7a or 7b and/or new address (if address change)	lso give now	name ADD name: Complete item item 7c; also complete item	7a or 7b, and also
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME		nom 70, also complete item	o ra-ra (ii appiicable).
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
TRESTE	John		
7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME			
DR			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	CTATE DOOTS OF	
1119 PARK VIEW	3'han	STATE POSTAL CODE  A 1 35244	COUNTRY
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	<u> </u>
DEBTOR			NONE
3. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral Indeleted or Inadded or give entire Inserted as Inde			
Describe collateral deleted or added, or give entire restated collate	ral description, or describe collateralassigne	ed.	
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS ALT			·
. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	►NDMENT (name of assignor, if this is an Assignation by a Debtor, check here  and enter name of Di	ment). If this is an Amendment authorized EBTOR authorizing this Amendment.	d by a Debtor which
9a. ORGANIZATION'S NAME			<u> </u>
P 9b. INDIVIDUAL'S LAST NAME	EIDCT NAME		
The state of the s	FIRST NAME	MIDDLE NAME	SUFFIX
O. OPTIONAL FILER REFERENCE DATA			
U. UP HONAL FILER REFERENCE DATA			