

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDO	SMENT TO: (Nai	ne and Address)					
	Fav A						
	$\frac{1}{12} \times \frac{1}{12}$	arm Co., Ir					
		brooklane D					
	Huey	town, Al. 35	5023				
	J						
4 - MITIAL EMIANIONIO OTA:			THE ABO	VE SPACE IS FO	R FILING OFFICE US	EONLY	
1a. INITIAL FINANCING STATE 2001 - 399	48			to b	s FINANCING STATEMEN be filed [for record] (or rec AL ESTATE RECORDS.	orded) in the	
			s terminated with respect to security interest(s				
continued for the addit	tional period provide	Financing Statement identified about the by applicable law.	we with respect to security interest(s) of the S	Secured Party author	orizing this Continuation S	Statement is	
4. ASSIGNMENT (full	or partial): Give nar	ne of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give r	name of assignor in	item 9.		
			btor or Secured Party of record. Check	only <u>one</u> of these	two boxes.		
CHANGE name and/or	address: Please re	<u>d</u> provide appropriate information in inference of the detailed instructions	items 6 and/or 7. DELETE name: Give record name		name: Complete item 7a	or 7h, and also	
in regards to changing 6. CURRENT RECORD IN	the name/address o	f a party.	to be deleted in item 6a or 6b.	item 7	name: Complete item 7a o 7c: also complete items 7e	-7g (if applicable)	
6a. ORGANIZATION'S N	· · · · · · · · · · · · · · · · · · ·					<u> </u>	
OR FDX HAR	<u>m. Co.,</u>	Inc.					
66. INDIVIDUAL'S LAST NAME Walter 5			FIRST NAME	MIDDLE	NAME	SUFFIX	
7. CHANGED (NEW) OR A		ION:	James				
7a. ORGANIZATION'S N				<u>.</u>		······································	
OR Th. INDIVIDUALIS LAST	ALA NAC	. <u> </u>					
7b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE	NAME	SUFFIX	
7c. MAILING ADDRESS	<u> </u>		CITY	STATE	POSTAL CODE	COUNTRY	
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION		7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORG	7g. ORGANIZATIONAL ID #, if any NONE		
9 AMENIONENIT (COLLA	DEBTOR						
8. AMENDMENT (COLLA Describe collateral Tidel	eted or Dadded	:): check only <u>one</u> box.	al description, or describe collateral ass				
Describe constels.	eted of Ladded,	or give entirerestated collater:	al description, or describe collateralass	igned.			
9. NAME OF SECURED F adds collateral or adds the a	PARTY OF RECO	ORD AUTHORIZING THIS AMEI or if this is a Termination authorized t	NDMENT (name of assignor, if this is an Assi by a Debtor, check here and enter name of	ignment). If this is a formal design the second of the sec	an Amendment authorized zing this Amendment.	by a Debtor which	
9a. ORGANIZATION'S NA	ME /		^		<u> </u>		
OR OX HOY ON A STI		176. 176	brook are Dr.	Huey:		35023 SUFFIX	
0.00710444							
0.OPTIONAL FILER REFERE	NCE DATA						