

20030513000299220 Pg 1/1 .00 Shelby Cnty Judge of Probate, AL 05/13/2003 15:19:00 FILED/CERTIFIED

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

B. SEND ACKNOWLEDG	MENT TO: (Name and Address)			
<u> </u>	11- an Command			
	Brooklane DRIVE			
126	ROOKLARY DAID	23		
House	Hown, At. 350			
1 4000				
		THE ABOV	/E SPACE IS FOR FILING OFFICE US	EONLY
1a. INITIAL FINANCING STAT			1b. This FINANCING STATEMEN to be filed [for record] (or record)	
	fectiveness of the Financing Statement identified above	ve is terminated with respect to security interest(s)	to be filed [for record] (or record) REAL ESTATE RECORDS. of the Secured Party authorizing this Termina	ation Statement
CONTINUATION: E	Effectiveness of the Financing Statement identified a tional period provided by applicable law.			
4. ASSIGNMENT (full o	or partial): Give name of assignee in item 7a or 7b ar	nd address of assignee in item 7c; and also give n	ame of assignor in item 9.	· ·
5. AMENDMENT (PARTY	INFORMATION): This Amendment affects	Debtor or Secured Party of record. Check		
CHANGE name and/or	wing three boxes <u>and</u> provide appropriate information address: Please refer to the detailed instructions	in items 6 and/or 7. DELETE name: Give record name	☐ ADD name: Complete item 7a d	or 7h and also
	the name/address of a party.	to be deleted in item 6a or 6b.	item 7c: also complete items 7e	
6a. ORGANIZATION'S N	IAME	······································		
OR 66. INDIVIDUAL'S LAST	ARM COMPane	FIRST NAME	TARITORN E NIANAE	Louisew
ASCARZ	i .	Lourie	MIDDLE NAME	SUFFIX
. CHANGED (NEW) OR A	· · · · · · · · · · · · · · · · · · ·			
7a. ORGANIZATION'S N	AME			
76. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY
d. SEE INSTRUCTIONS	ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
	ORGANIZATION DEBTOR		I g. OROMITER ID W. II ally	NONE
	TERAL CHANGE): check only one box.			NONE
Describe collateral dele	eted or added, or give entire restated colla	teral description, or describe collateral assi	igned.	
NAME OF SECURED F adds collateral or adds the a	PARTY OF RECORD AUTHORIZING THIS AN authorized the state of the state	MENDMENT (name of assignor, if this is an Assi	ignment). If this is an Amendment authorized	by a Debtor which
9a. ORGANIZATION'S NA	ME		, DED TOTA AGGIOTIZING UNS AMENGMENT.	· · · · · · · · · · · · · · · · · · ·
For Alas	m Co. 126BR	ooklare De Ha	untown Al. 357	023
96. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME	SUFFIX
OPTIONAL FILER REFEREI	NCE DATA			
J. OF HOMAL FILER REFERE	NOT DATA			

(763) 421-1713

ANOKA, MN. 55303