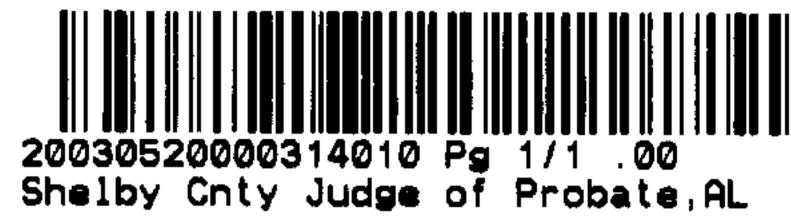
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		STATEMENT AMENDMEN' front and back) CAREFULLY			
		ONTACT AT FILER [optional]			
D C	CND ACKNOWN EDCA	ICNIT TO: (Nome and Address)			
в. э	END ACKNOWLEDGIV	IENT TO: (Name and Address)			
	FIF	RST NATIONAL BANK OF SHELBY COUNTY			
		P O BOX 977			
		106 EAST COLLEGE STREET			
		COLUMBIANA, AL 35051			
1a I	NITIAL FINANCING STAT	EMENT EN E #	THE ABOVE SPA	CE IS FOR FILING OFFICE USE ON 1 1b. This FINANCING STATEMENT A	
	SHELBY COUNTY INS			to be filed [for record] (or recorde	
2. \	· · ·	ctiveness of the Financing Statement identified above i	s terminated with respect to security interest(s) of the	REAL ESTATE RECORDS. Secured Party authorizing this Termination Statement	
3.	<u> </u>	fectiveness of the Financing Statement identified above			
		onal period provided by applicable law.			
4.	ASSIGNMENT (full o	or partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c; and also give name o	f assignor in item 9.	
5. A	MENDMENT (PARTY	INFORMATION): This Amendment affects Deb	tor <u>or</u> Secured Party of record. Check only <u>one</u>	of these two boxes.	
		ving three boxes <u>and</u> provide appropriate information in			
		iddress: Give current record name in item 6a or 6b; also in item 7a or 7b and/or new address (if address change		ADD name: Complete item 7a or item 7c; also complete items 7d-	
-	URRENT RECORD INF				
	6a. ORGANIZATION'S NA	WE			
OR	6Ь. INDIVIDUAL'S LAST I	VAME	FIRST NAME	MIDDLE NAME	SUFFIX
		NIVENS	SHANNON	H	
7 C	HANCED (NEW) OD A			**	
_	7a. ORGANIZATION'S NA	DDED INFORMATION:			
י מר	PR 75. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
OR					
OR F					
	AAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY
7c. N			CITY	STATE POSTAL CODE	COUNTRY
7c. N		ADD'L INFO RE 79. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if any	
7c. N	AX ID #: SSN OR EIN	ORGANIZATION DEBTOR			
7c. N	AX ID #: SSN OR EIN MENDMENT (COLLAT	ORGANIZATION DEBTOR ERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION		COUNTRY
7c. N	AX ID #: SSN OR EIN MENDMENT (COLLAT	ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION		
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7c. N	AX ID #: SSN OR EIN MENDMENT (COLLAT escribe collateral dele	ORGANIZATION DEBTOR ERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral assigned. NDMENT (name of assignor, if this is an Assignment)	7g. ORGANIZATIONAL ID #, if any	XNONE
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