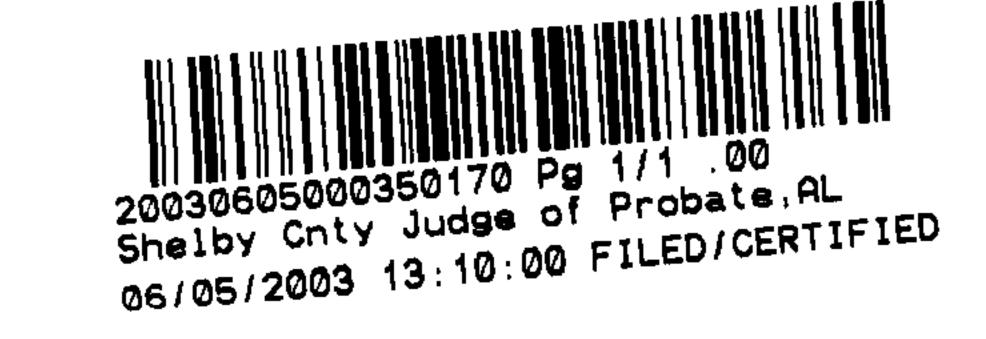


FOLLOW INSTRUCTIONS (front and back) CAREFULLY



UCC FINANCING STATEMENT AMENDMENT

A. NAME & PHONE OF CONTACT AT FILER [optional]			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
For Alarm Op., Inc.			
Fox Alarm Co., Inc. 126 Brooklane Dr.			
Hueytown, AL. 35023			
Hueytown, n-			
	THE AB	OVE SPACE IS FOR FIL	ING OFFICE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE #		to be filed	NCING STATEMENT AMENDMENT is [for recorded) in the
2. STERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect to security interes		orizing this Termination Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.		· · · · · · · · · · · · · · · · · · ·	
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a			
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debted Also check one of the following three boxes and provide appropriate information in its		eck only <u>one</u> of these two bo	Kes.
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: item 7c; also	Complete item 7a or 7b, and also complete items 7e-7g (if applicable).
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			
For Alarm Co. Inc.			
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:	CICC	· · · · · · · · · · · · · · · · · · ·	
7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POS	TAL CODE COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZA	TIONAL ID #, if any
DEBTOR			NONE
8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral deleted or added, or give entire restated collaterated.	al description, or describe collateral	assigned.	
	Λ		
	Shelby C		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME adds collateral or adds the authorizing Debtor, or if this is a Termination authorized			
9a. ORGANIZATION'S NAME		ι Δ . 1	<u> </u>
OR FOX HUMAN LO. INDIVIDUAL'S LAST NAME	Proklane DR FIRST NAME	MIDDLENAME	1) 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
10.OPTIONAL FILER REFERENCE DATA			