UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

IMPORTANT — READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM — DO NOT DETACH STUB 33534

			20030605000350240 Pg 1/1 .00		
			Shelby Cnty Judge of Proba 06/05/2003 13:10:00 FILED	ate;HL	
	S (front and back) CAREFULLY	ENT			
	ONTACT AT FILER [optional]				
B. SEND ACKNOWLEDG	MENT TO: (Name and Address)				
Jox A	Jaem Co, Menc				
126	Brooklane Dr.				
Huey	town, AL. 35023				
			OVE SPACE IS FOR FILING OFFICE	<u> </u>	
1a. INITIAL FINANCING STATE	TEMENT FILE # 2002 77030 0a. 1	1 210.90	1b. This FINANCING STATE to be filed [for record] (or REAL ESTATE RECORD	recorded) in the	
2. TERMINATION: Ef	fectiveness of the Financing Statement identified ab	ove is terminated with respect to security interes	st(s) of the Secured Party authorizing this Terr	mination Statement.	
3. CONTINUATION: continued for the additional	Effectiveness of the Financing Statement identified tional period provided by applicable law.	above with respect to security interest(s) of the	ne Secured Party authorizing this Continuation	on Statement is	
	or partial): Give name of assignee in item 7a or 7b	and address of assignee in item 7c; and also give	ve name of assignor in item 9.		
5. AMENDMENT (PART)	Y INFORMATION): This Amendment affects	Debtor or Secured Party of record. Ch			
CHANGE name and/o	wing three boxes <u>and</u> provide appropriate information address: Please refer to the detailed instructions the name/address of a party.	n in items 6 and/or 7. DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item item 7c; also complete item	7a or 7b, and also s 7e-7g (if applicable).	
6. CURRENT RECORD IN			······································		
	arm Co., alne	IFIRST NAME	MIDDLE NAME	SUFFIX	
66 INDIVIDUAL'S LAST NAME		Von na	WILDULE INAME	301112	
7. CHANGED (NEW) OR A	ADDED INFORMATION:				
7a. ORGANIZATION'S I	NAME				
OR 7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
			CTATE DOCTAL CODE	COUNTRY	
7c. MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY	
7d. SEE INSTRUCTIONS	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if	any	
·	ATERAL CHANGE): check only one box.				
Describe collateral de	eleted or added, or give entire restated co	llateral description, or describe collateral	assigned.		
			Sheller	Co.	
	PARTY OF RECORD AUTHORIZING THIS authorizing Debtor, or if this is a Termination authorizing Debtor.	<u></u>	Assignment). If this is an Amendment autho	rized by a Debtor which	
9a. ORGANIZATION'S		and enter nate	t of the control of t	*.	
OR YOY AL	um Co., a One.	26 Brookhno DR.	Nuentows, AL	35023	
9b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
10.OPTIONAL FILER REFER	ENCE DATA	<u> </u>			