



CC FINANCING	STATEMENTAMENDMEN	T		
LLOW INSTRUCTIONS (for NAME & PHONE OF CON	ront and back) CAREFULLY			
ATRICIA HUNTLE				
SEND ACKNOWLEDGME	NT TO: (Name and Address)			
	NITTED COLIDANIST			
600 NORTH 18	WER COMPANY TH STREET			
BIRMINGHAM				
1				
		THE ABOVE	SPACE IS FOR FILING OFFICE	USEONLY
INITIAL FINANCING STATEM	ENT FILE#		1b. This FINANCING STATE	MENT AMENDMENT
2003031000014512	O/SHELBY		to be filed [for record] (or REAL ESTATE RECORD	-
TERMINATION: Effecti	veness of the Financing Statement identified above is	s terminated with respect to security interest(s) of	the Secured Party authorizing this Te	rmination Statement.
	ctiveness of the Financing Statement identified above period provided by applicable law.	ve with respect to security interest(s) of the Sec	ured Party authorizing this Continuat	ion Statement is
	artial): Give name of assignee in item 7a or 7b and a			
•	IFORMATION): This Amendment affects Det three boxes <u>and</u> provide appropriate information in it	otor or Secured Party of record. Check on tems 6 and/or 7	ly <u>one</u> of these two boxes.	
CHANGE name and/or add	iress: Give current record name in item 6a or 6b; also	give new DELETE name: Give record	· 1 ·	
name (if name change) in i	tem 7a or 7b and/or new address (if address change)	in item 7c to be deleted in item 6a or 6b	. item 7c; also complete i	tems 7d-7g (if applicat
6a. ORGANIZATION'S NAM				
6b. INDIVIDUAL'S LAST NA	ME	FIRST NAME	MIDDLE NAME	SUFFIX
KNAPP		JOHN	WILLIAM	
CHANGED (NEW) OR ADD	ED INFORMATION:	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
7a. ORGANIZATION'S NAM	E		· · · · · · · · · · · · · · · · · · ·	
	* A ==	Teleor Market		
7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
KNAPP		ADRIENNE	H.	COUNTRY
MAILING ADDRESS EDDINGS LANE		MONTEVALLO	AL 35115	COUNTRY
	DD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, i	f anv
C	DRGANIZATION		7 g. OROMINIZATIONAL ID #, 1	
	DEBTOR		<u> </u>	NO
AMENDMENT (COLLATE	RAL CHANGE): check only one box.		•	
	d or I ladded or nivelentirel trestated collater:	al description, or describe collateralassign	ied.	
Describe collateral delete	a of Lilacoo, of give citing Lilacotated condition			
Describe collateral delete	a orradadd, or give circled Lrestated condition			
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NAME OF SECURED PA	ARTY of RECORD AUTHORIZING THIS AME		•	•
NAME OF SECURED PA	RTY OF RECORD AUTHORIZING THIS AME		•	•
NAME OF SECURED PA adds collateral or adds the auth 9a. ORGANIZATION'S NAM	RTY OF RECORD AUTHORIZING THIS AME horizing Debtor, or if this is a Termination authorized		•	•
NAME OF SECURED PA	ARTY OF RECORD AUTHORIZING THIS AME norizing Debtor, or if this is a Termination authorized E ER COMPANY		•	•