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Shelby Cnty Judge C	of Probate,AL

08/06/2003 08:17:00 FILED/CERTIFIED

NAME & PHONE OF CONTACT AT FILER (optional) mily Coe 205-942-1227 SEND ACKNOWLEDGMENT TO. (Name and Address) Wells Fargo Financial 235 Lakeshore Parkway Homewood, AL 35209 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE # 2000-33700 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party subtricting that Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party subtricting that Termination Statement. ASSIGNMENT (full or partial): Give name of assignee in lem 7s or 7b and address of assignee in lem 7c and also give name of assigner in liters 9. AMENDMENT (PARTY INFORMATION): The Amendment affects Debtor or Secured Party authorizing this Continuation Statement is continued for the additional special period p	CC FINANCING STATEMENT AME LOW INSTRUCTIONS (front and back) CAREFULLY			
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Wells Fargo Financial	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 2. MAILING ADDRESS 461 Secretariat Drive 1. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF O ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only organization deleted or added, or give entire Describe collateral deleted or added, or give entire	FIRST NAME CITY Helena PRESENTED TO THE STATE OF THE ST	MIDDLE NAME STATE POSTAL CODE AL 35080 ON 7g. ORGANIZATIONAL ID #	SUFFIX COUNTR i, if any
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME R 7b. INDIVIDUAL'S LAST NAME : MAILING ADDRESS 461 Secretariat Drive II. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF O ORGANIZATION DEBTOR Describe collateral deleted or added, or give entire . NAME OF SECURED PARTY OF RECORD AUTHO adds collateral or adds the authorizing Debtor, or if this is a Telegraph of the state of the s	FIRST NAME CITY Helena PRESENTED TO THE STATE OF THE ST	MIDDLE NAME STATE POSTAL CODE AL 35080 ON 7g. ORGANIZATIONAL ID #	COUNTR
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 3. MAILING ADDRESS 461 Secretariat Drive 9. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one of the properties of th	FIRST NAME CITY Helena PRESENTED TO THE STATE OF THE ST	MIDDLE NAME STATE POSTAL CODE AL 35080 ON 7g. ORGANIZATIONAL ID #	SUFFIX COUNTR i, if any
	Moore CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 3. MAILING ADDRESS 461 Secretariat Drive 4. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OORGANIZATION DEBTOR Describe collateral deleted or added, or give entire NAME OF SECURED PARTY OF RECORD AUTHO adds collateral or adds the authorizing Debtor, or if this is a Telegraph of the state o	FIRST NAME CITY Helena PRESTITION OF ORGANIZATION OF ORGANIZ	MIDDLE NAME STATE POSTAL CODE AL 35080 ON 7g. ORGANIZATIONAL ID # assigned. an Assignment). If this is an Amendment at name of DEBTOR authorizing this Amendment.	SUFFIX COUNTRY Ithorized by a Debtor whent.