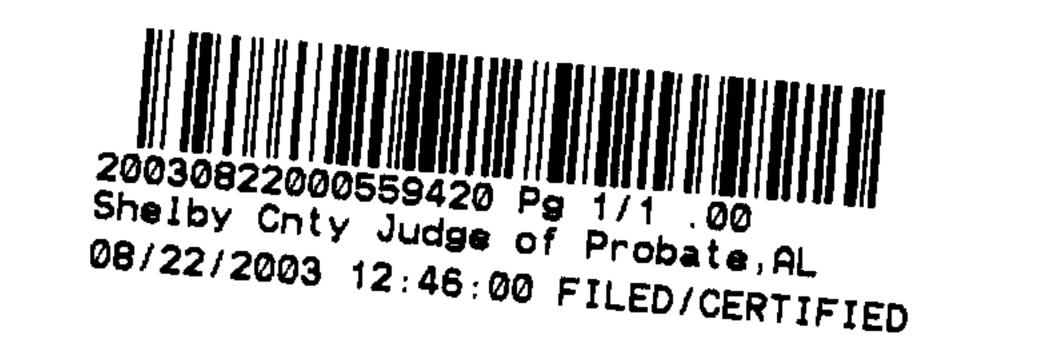
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UC	C FINANCING STATEMENT AMENDME	NT		
	OW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]			
B. \$	SEND ACKNOWLEDGMENT TO: (Name and Address)			
	FIRST NATIONAL BANK OF SHELBY COUNT	-γ		
	P O BOX 977 106 EAST COLLEGE STREET			
	COLUMBIANA, AL 35051			
1a. 1	NITIAL FINANCING STATEMENT FILE #	THE ABOVE SPA	ACE IS FOR FILING OFFICE USI  1b. This FINANCING STATEMEN	
SHELBY COUNTY INST #2000-24869			to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.	
2.	TERMINATION: Effectiveness of the Financing Statement identified abo	ve is terminated with respect to security interest(s) of t		mination Statement.
3.[	CONTINUATION: Effectiveness of the Financing Statement identified all continued for the additional period provided by applicable law.	bove with respect to security interest(s) of the Secured	Party authorizing this Continuation S	tatement is
4.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b	and address of assignee in item 7c; and also give name	of assignor in item 9.	<del> </del>
	MENDMENT (PARTY INFORMATION): This Amendment affects	<u>i</u> j	ne of these two boxes.	
,	Also check <u>one</u> of the following three boxes <u>and provide appropriate information</u> CHANGE name and/or address: Give current record name in item 6a or 6b;		ADD name: Complete item	7a or 7h and also
6 0	name (if name change) in item 7a or 7b and/or new address (if address cha	ange) in item 7c. to be deleted in item 6a or 6b.	item 7c; also complete item	s 7d-7g (if applicable).
	URRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			<del>-</del>
OR				
	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	KELLEY	MICHAEL	<u> </u>	
	HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
<u>_</u>				
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRÉSS		CITY	CTATE IDOCTAL CODE	O O LIAITEN
70. MAILING ADDITIOS			STATE POSTAL CODE	COUNTRY
7d. 1	AX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIŽATIONAL ID #, if ar	ıy
	ORGANIZATION ' DEBTOR			XNONE
	MENDMENT (COLLATERAL CHANGE): check only one box.			
D	escribe collateral deleted or added, or give entire restated col	llateral description, or describe collateral assigned.		
O N	ANT OF CECUIDED DADTY OF DECODE AUTHORITING THE		· · · · · · · · · · · · · · · · · · ·	
v. IV au	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS All discollateral or adds the authorizing Debtor, or if this is a Termination authori	MENUMENT (name of assignor, if this is an Assignmented by a Debtor, check here [] and enter name of DE	ent). If this is an Amendment authorized. BTOR authorizing this Amendment.	zed by a Debtor which
	9a. ORGANIZATION'S NAME			· · · · · · · · · · · · · · · · · · ·
OR L	······································	ATIONAL BANK OF SHELBY COUNTY		
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
1.0			<u> </u>	
10.	OPTIONAL FILER REFERENCE DATA			