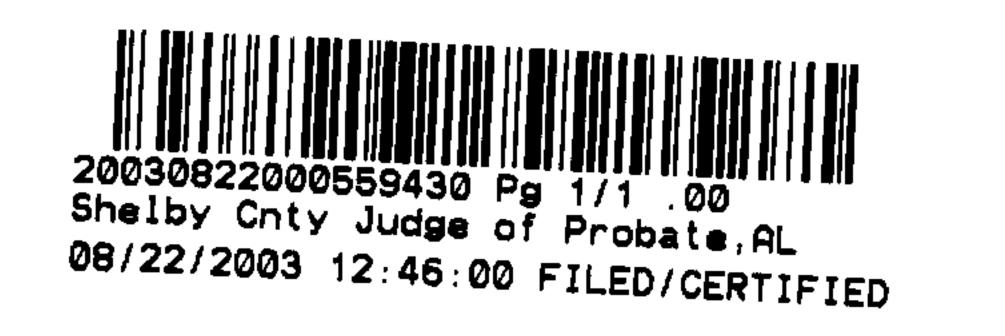
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	C FINANCING LOW INSTRUCTIONS		ENT AMENDMEN				
	NAME & PHONE OF C						
B. 5	SEND ACKNOWLEDG	MENT TO: (Nam	e and Address)				
	FI	106 EAS	BANK OF SHELBY COUNTY O BOX 977 T COLLEGE STREET BIANA, AL 35051				
					IE ABOVE ODAGE		AF 116F ASU N
1a. i	INITIAL FINANCING STAT	TEMENT FILE #					ATEMENT AMENDMENT is
	SHELBY COUNTY INS					REAL ESTATE RECO	
2. \( \)	<u> </u>		inancing Statement identified above is				
٦.٢	continued for the addit	tional period provid	Financing Statement identified above ed by applicable law.	with respect to security interest(s	) of the Secured Part	y authorizing this Contin	uation Statement is
4.	ASSIGNMENT (full	or partial): Give na	me of assignee in item 7a or 7b and	address of assignee in item 7c; and	also give name of a	ssignor in item 9.	
				or or Secured Party of record	d. Check only <u>one</u> of	these two boxes.	
	CHANGE name and/or	address: Give curre	<u>ind provide appropriate information in</u> ent record name in item 6a or 6b; also	give new DELETE name: G		ADD name: Comple	te item 7a or 7b, and also
6. C	URRENT RECORD INF		nd/or new address (if address change	) in item 7c. to be deleted in i	tem 6a or 6b.	item 7c; also compl	ete items 7d-7g (if applicable).
	6a. ORGANIZATION'S NA	AME		· · · · · · · · · · · · · · · · · · ·	<del>, ,,,, , </del>	<del></del>	· · · · · · · · · · · · · · · · · · ·
OR	6b. INDIVIDUAL'S LAST	NAME	······································	FIRST NAME		AIDDLE NAME	Towers
	OD. MIDITIDONE O ENOT	SHOCKL	ΕY	GAIL	"	IIDDLE NAME	SUFFIX
7. C	HANGED (NEW) OR A	ADDED INFORM	ATION:				·
_	7a. ORGANIZATION'S NA			·····	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
OR	7b. INDIVIDUAL'S LAST	NAME	······································	FIRST NAME		UDDI C NIA SAC	Totteely
	7 D. HADIAIDONE S ENST MAINE			FIRST NAME		MIDDLE NAME SUFFIX	
7c. N	c. MAILING ADDRESS			CITY		TATE POSTAL COD	COUNTRY
	7						
7d. T	AX ID #: SSN OR EIN	ORGANIZATION	7e. TYPE OF ORGANIZATION	71. JURISDICTION OF ORGANIZA	ATION 7	g. ORGANIZATIONAL II	)#, if any
RΔ	MENDMENT (COLLA)	DEBTOR	1) obook only one boy				XNONE
			d, or give entire restated collater	al description, or describe collatera	d Dassigned		
			Totaled Conates	ai description, or describe collatera	ii assigned.		
). N.	AME OF SECURED F	ARTY OF REC	ORD AUTHORIZING THIS AMEN	NDMENT (name of assignor, if thi	s is an Assignment).	lf this is an Amendment	authorized by a Debtor which
ad _	9a. ORGANIZATION'S NA	authorizing Debtor,	or if this is a Termination authorized	by a Debtor, check here and e	nter name of DEBTC	OR authorizing this Ame	ndment.
	SEL CHOMBERTION S IN	-3146 L	FIRST NATIO	DNAL BANK OF SHELBY COL	JNTY		
OR L	9b. INDIVIDUAL'S LAST	NAME		FIRST NAME		IDDLE NAME	SUFFIX
10. (	OPTIONAL FILER REF	ERENCE DATA					· · · · · · · · · · · · · · · · · · ·