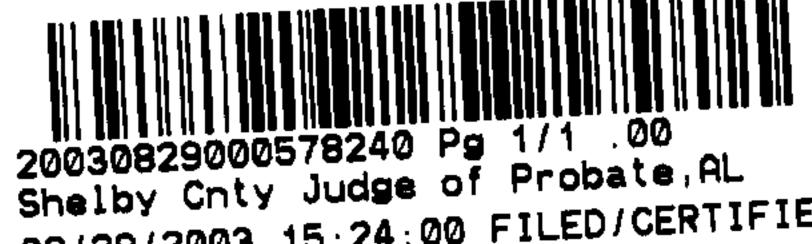
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UC	C FINANCING STATEMENT	- AMENDMEN			08/	29/2003 15:24:0	00 FILEDICERITETE	
OL	LOW INSTRUCTIONS (front and back) CAP	REFULLY						
		p trottar,						
В. \$	SEND ACKNOWLEDGMENT TO: (Name and	Address)						
		K OF SHELBY COUNTY OX 977						
		COLLEGE ST						
		A, AL 35051						
				THE ABOVE C	DACE IS EO	D EILING OFFICE LI	CE ONLY	
1a.	INITIAL FINANCING STATEMENT FILE #	· · · · · · · · · · · · · · · · · · ·		THE ABOVE S		R FILING OFFICE U		
	SHELBY COUNTY INST #2000-38871				be filed [for record] (or AL ESTATE RECORDS.			
2.	χ TERMINATION: Effectiveness of the Financia	ng Statement identified above is	terminated with	respect to security interest(s) o				
3.[CONTINUATION: Effectiveness of the Financial continued for the additional period provided by		with respect to s	ecurity interest(s) of the Secure	ed Party autho	rizing this Continuation	Statement is	
4.	ASSIGNMENT (full or partial): Give name of	assignee in item 7a or 7b and a	address of assign	e in item 7c; and also give nan	ne of assignor	in item 9.		
5. /	AMENDMENT (PARTY INFORMATION): This	Amendment affects Debt	or <u>or</u> Secur	ed Party of record. Check only	one of these t	wo boxes.		
	Also check <u>one</u> of the following three boxes <u>and</u> pro							
	CHANGE name and/or address: Give current rec name (if name change) in item 7a or 7b and/or r	ord name in item 6a or 6b; also new address (if address change)	give new in item 7c.	DELETE name: Give record nar to be deleted in item 6a or 6b.		D name: Complete iter m 7c; also complete ite	n 7a or 7b, and also ms 7d-7g (if applicable).	
	CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME							
	ou, on on on on on one							
OR	6Ь. INDIVIDUAL'S LAST NAME	· · · · · · · · · · · · · · · · · · ·	FIRST NAME	——————————————————————————————————————	MIDDLE	NAME	SUFFIX	
	MOSHER			JEREMY		J		
7. 0	CHANGED (NEW) OR ADDED INFORMATION	N:			<u> </u>			
	7a. ORGANIZATION'S NAME		<u></u>	<u></u>	 			
OR								
• • • • • • • • • • • • • • • • • • •	7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX	
70 1	MAILING ADDRESS		CITY		CTATE:	IDOCTAL CODE	COLINTER	
76. 1	WIAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY	
7d. '	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. T	YPE OF ORGANIZATION	7f. JURISDICTI	ON OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if	any	
	ORGANIZATION DEBTOR							
8. A	MENDMENT (COLLATERAL CHANGE): che	ck only <u>one</u> box.		······································		····································	XINONE	
D	escribe collateral deleted or added, or g	ive entire restated collater	al description, or	describe collateral assigne	d.			
<u> </u>	LANG AS OFOUNDED DABTY							
	AME OF SECURED PARTY OF RECORD Adds collateral or adds the authorizing Debtor, or if t							
_	9a. ORGANIZATION'S NAME							
	FIRST NATIONAL BANK OF SHELBY COL	JNTY						
OR	9b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	MIDDLE NAME SUFFIX		
	OPTIONAL FILER REFERENCE DATA		<u></u>				<u> </u>	