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| ORGANIZATION | | | ENI AMENDMEN | t I | | | | | | |
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| SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | | | | | | | |
| END ACKNOWLEDGMENT TO: (Name and Address) Coosa Pines FCU P. O. Box 407 Childersburg, AL 350444 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FinAncing STATEMENT FILE # 2001—43742 TOTAL FINANCING STATEMENT FILE # 2001—43742 TOTAL FINANCING STATEMENT FILE # 2001—63742 TOTAL STATE RECORDS TOTAL STATE POSTAL CODE CONTRIBUTION TOTAL STATE RECORDS TOT | | | | | | | | | | |
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| DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box. | TAX ID #: SSN OR EIN | 1 | 7e. TYPE OF ORGANIZATION | 7f. JURISDIC | TION OF OR | RGANIZATION | 7g. ORG | ANIZATIONAL ID #, if an | i y | |
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| IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor wh | | | OF IT THIS IS & I SITHINATION AUTHORIZED | by a Debtor, che | CK nere | and enter name of DEB | Ort author | nzing this Amendment. | | |
| dds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. | | | | | | | | | | |
| dds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME | Coosa Pi | es FCU | | | | | | | | _ |
| IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor wholds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME COOSA Pines FCU | 96. INDIVIDUAL'S LAST I | AL'S LAST NAME | | | FIRST NAME | | | NAME | SUFFI | X |

10. OPTIONAL FILER REFERENCE DATA