

UCC FINANCING STATEMENT AMENDME	NT		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional]			
CHRISTY BARNETTE			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
ALABAMA TELCO CREDIT UNION			
P O BOX 360287			
BIRMINGHAM, AL 35236			
	THE ABOVE S	PACE IS FOR FILING OFFICE U	JSE ONLY
1a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEMITED to be filed [for record] (or re	
SHELBY COUNTY 2000-05318		REAL ESTATE RECORDS	•
2. TERMINATION: Effectiveness of the Financing Statement identified above			
3. CONTINUATION: Effectiveness of the Financing Statement identified at continued for the additional period provided by applicable law.	bove with respect to security interest(s) of the Secu	red Party authorizing this Continuation	Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b an	nd address of assignee in item 7c; and also give name	of assignor in item 9	<del></del>
	Debtor or Secured Party of record. Check only		
Also check one of the following three boxes and provide appropriate information in		<u>one</u> or anoto the beats.	
CHANGE name and/or address: Give current record name in item 6a or 6b; a name (if name change) in item 7a or 7b and/or new address (if address change)	also give new DELETE name: Give record name) in item 7c. Lobe deleted in item 6a or 6b.	ame ADD name: Complete iten	n 7a or 7b, and also
6. CURRENT RECORD INFORMATION:	goy in item ye.	La Rem re, also complete itel	ns ru-ry (ii applicable).
6a. ORGANIZATION'S NAME			
OR 6b. INDIVIDUAL'S LAST NAME			<u> </u>
MILLS	FIRST NAME	MIDDLE NAME	SUFFIX
	BETTY	H	
7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME	——————————————————————————————————————		
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MILLS	CHARLES	T	
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	ny
DEBTOR			NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire restated collat	teral description, or describe collateralassigne	ed.	
•			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A			zed by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorize	ed by a Debtor, check here and enter name of D	EBTOR authorizing this Amendment.	
9a. ORGANIZATION'S NAME ALABAMA TELCO CREDIT UNION			
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10, OPTIONAL FILER REFERENCE DATA			