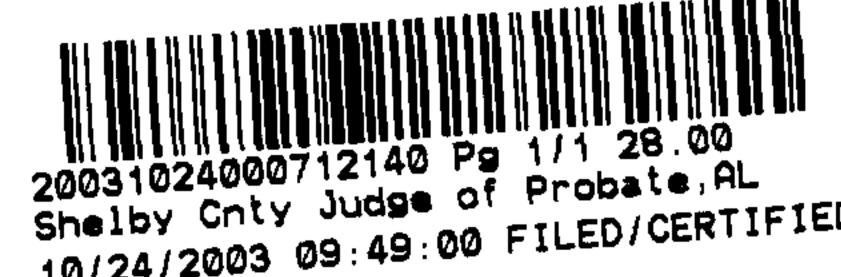
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		Shelby Cnty Judge 8 FILE	
ICC FINANCING STATEMENT AMENDMEN OLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional]			
MATILDA GREEN 949-470-3	960		
3. SEND ACKNOWLEDGMENT TO: (Name and Address)			
KC Wilson & Associates	N 125		
23232 Peralta Drive, Suite 218			
Laguna Hills, CA 92653			
	THE ABOVE SPA	CE IS FOR FILING OFFICE USE	ONLY
a. INITIAL FINANCING STATEMENT FILE # 20030129000056170 PG 1/5	SHELBY CO., AL	1b. This FINANCING STATEMENT At to be filed [for record] (or record)	
TERMINATION: Effectiveness of the Financing Statement identified above is		REAL ESTATE RECORDS.	n Statomont
CONTINUATION: Effectiveness of the Financing Statement identified abo			
continued for the additional period provided by applicable law.	we with respect to security interest(s) of the Secured	rany authorizing this Continuation Stat	ement is
. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give name of	assignor in item 9.	
. AMENDMENT (PARTY INFORMATION): This Amendment affects De	btor or Secured Party of record. Check only or	e of these two boxes.	······································
Also check one of the following three boxes and provide appropriate information in i	L!		
CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)		ADD name: Complete item 7a ditem 7c; also complete items 7d	
CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
R 6b. INDIVIDUAL'S LAST NAME	FIDOTALAND	MIDDLE NAME	LOUIETIV
OD. INDIVIDUAL S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED WENT OF ADDED INFORMATION.			
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	····	. 	
WELLS FARGO BANK MINNESOTA, N.A., A	S TRUSTEE *		
75. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
751 KASOTA AVE, SUITE MDC	MINNEAPOLIS	MN 55414	USA
731 MAGCIA AVE, GUITE MIDC	•		00,.
. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
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d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.		7g. ORGANIZATIONAL ID #, if any	
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR		7g. ORGANIZATIONAL ID #, if any	
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR . AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collater	ral description, or describe collateral assigned.		
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