



UCC FINANCING	STATEMENT AMENDMEN	IT		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CO	ITACT AT FILER [optional]			
B. SEND ACKNOWLEDGM	ENT TO: (Name and Address)			
First Con	mercial Bank			
PO box 11	1746			
Birmingha	am, AL 35202			
		THE ABOVE S	PACE IS FOR FILING OFFICE I	USE ONLY
1a. INITIAL FINANCING STATES 2000-4339	MENTFILE# 99 Shelby County		1b. This FINANCING STATEM to be filed [for record] (or record) REAL ESTATE RECORDS	recorded) in the
2. TERMINATION: Effect	tiveness of the Financing Statement identified above	is terminated with respect to security interest(s) of th		
	ectiveness of the Financing Statement identified aboat period provided by applicable law.	ove with respect to security interest(s) of the Secur	ed Party authorizing this Continuatio	n Statement is
4. ASSIGNMENT (full or p	partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c; and also give name	of assignor in item 9.	
5. AMENDMENT (PARTY II	NFORMATION): This Amendment affects De	sbtor or Secured Party of record. Check only	one of these two boxes.	
	g three boxes <u>and</u> provide appropriate information in dress: Please refer to the detailed instructions	items 6 and/or 7. DELETE name: Give record name	ADD name: Complete item 7	7a or 7h. and also
in regards to changing the	name/address of a party.	to be deleted in item 6a or 6b.	item 7c: also complete items	7e-7g (if applicable).
6. CURRENT RECORD INFO	· · · · · · · · · · · · · · · · · · ·			· • • • • • • • • • • • • • • • • • • •
Caldwell	Mill, LLP			
66. INDIVIDUAL'S LAST N	AME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADD				
7a. ORGANIZATION'S NAM	AE			
OR 76. INDIVIDUAL'S LAST NA	AME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	<u></u>	CITY	STATE POSTAL CODE	COUNTRY
	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	any
	DEBTOR			NONE
•	ERAL CHANGE): check only one box.			
Describe collateral [7] delete	ed or added, or give entire restated collate	ral description, or describe collateralassigned	d.	
Partial 1	Release:			
	according to the Survey			
	ded in Map Book 31, page	31, in the Probate Off	ice of Shleyb Cou	nty,
Alabama.				
9 NAME OF SECURED DA	RTY OF RECORD AUTHORIZING THIS AME	ENDAFNT (nome of accionacy if this is a section	and Makin in an American and the first of	
adds collateral or adds the aut	horizing Debtor, or if this is a Termination authorized	by a Debtor, check here and enter name of DE	BTOR authorizing this Amendment.	ized by a Debtor Which
9a. ORGANIZATION'S NAM				
OP	mmercial Bank			
9b. INDIVIDUAL'S LAST NA	ME	FIRST NAME	MIDDLE NAME	SUFFIX
10 ODTIONAL EU ER DECEDEN				
10. OPTIONAL FILER REFERENCE				

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