



ICC FINANCING	S STATEMENT AMEND	MENT	•	
	S (front and back) CAREFULLY			
A. NAME & PHONE OF C	CONTACT AT FILER [optional]			
B. SEND ACKNOWLEDG	MENT TO: (Name and Address)			
	ommercial Bank			
PO box				
Birming	ham, AL 35202			
İ				
		THE AB	BOVE SPACE IS FOR FILING OFFIC	
a. INITIAL FINANCING STAT			1b. This FINANCING STAT to be filed [for record] ((or recorded) in the
2000-43		above is terminated with respect to security interes	REAL ESTATE RECOR	
		ified above with respect to security interest(s) of the		
	tional period provided by applicable law.			
<u></u>		7b and address of assignee in item 7c; and also give		
		Debtor or Secured Party of record. Chartier is items 6 and/or 7	eck only <u>one</u> of these two boxes.	
CHANGE name and/or	wing three boxes <u>and</u> provide appropriate information address: Please refer to the detailed instruction	ns DELETE name: Give record name	ADD name: Complete ite	
in regards to changing CURRENT RECORD IN	the name/address of a party. FORMATION:	to be deleted in item 6a or 6b.	item 7c; also complete ite	ems 7e-7g (if applicable).
6a. ORGANIZATION'S			<u></u>	<u>···</u>
Caldwel	1 Mill, LLP			
66. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME	SUFFIX
. CHANGED (NEW) OR A	DOED INFORMATION:			
7a. ORGANIZATION'S			<u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>	
OR				
76. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY
d. SEE INSTRUCTIONS	ADD'L INFO RE 76. TYPE OF ORGANIZAT	TION 7f. JURISDICTION OF ORGANIZATION	N 7g. ORGANIZATIONAL ID #,	, if any
	ORGANIZATION DEBTOR			NON
<u> </u>	TERAL CHANGE): check only one box.			
Describe collateral 🔀 de	leted oradded, or give entirerestated	collateral description, or describe collateral	assigned.	
Dartial	Release:			
rartial	Nerease.			
Lot 155	, according to the Su	rvey of Phase Two, Cald	well Crossings, 2nd	sector,
as reco	rded in Map Book 31, j	page 31, in the Probate	Office of Shelby Co	ounty,
Alabama	. •			
		IS AMENDMENT (name of assignor, if this is an		
adds collateral or adds the	authorizing Debtor, or if this is a Termination au	thorized by a Debtor, check here and enter nan		
9a. ORGANIZATION'S N				
9b. INDIVIDUAL'S LAST	ommercial Bank NAME	FIRST NAME	MIDDLE NAME	SUFFIX
0.OPTIONAL FILER REFERE	NCE DATA			<u> </u>
S. S. HOMAL I ILEA REFERE	ATOL DATA			