



20040112000017760 Pg 1/1 .00  
Shelby Cnty Judge of Probate, AL  
01/12/2004 07:59:00 FILED/CERTIFIED

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|   |
|---|
| A. NAME & PHONE OF CONTACT AT FILER [optional]  |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br>Home Federal Savings Bank<br>1016 Civic Center Drive NW #300<br>Rochester MN 55901 |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

2. ☒ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. ☐ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ☐ **ASSIGNMENT** (full or 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 INFORMATION):** This Amendment affects ☐ Debtor **or** ☐ Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

☐ **CHANGE** name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. ☐ **DELETE** name: Give record name to be deleted in item 6a or 6b. ☐ **ADD** name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. **CURRENT RECORD INFORMATION:**

|  |                            |            |             |        |
|--|----------------------------|------------|-------------|--------|
| 6a. ORGANIZATION'S NAME<br>GAC Footstore LLC |                            |            |             |        |
| OR   | 6b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |

7. **CHANGED (NEW) OR ADDED INFORMATION:**

|                         |                            |            |             |        |
|-------------------------|----------------------------|------------|-------------|--------|
| 7a. ORGANIZATION'S NAME |                            |            |             |        |
| OR                      | 7b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |

|  |                   |             |                      |                |
|--|-------------------|-------------|----------------------|----------------|
| 7c. MAILING ADDRESS<br>111 South Broadway #301 | CITY<br>Rochester | STATE<br>MN | POSTAL CODE<br>55904 | COUNTRY<br>USA |
|--|-------------------|-------------|----------------------|----------------|

|  |                                      |                          |                                  |  |
|--|--------------------------------------|--------------------------|----------------------------------|--|
| 7d. TAX ID #: SSN OR EIN<br>[REDACTED] | ADD'L INFO RE ORGANIZATION<br>DEBTOR | 7e. TYPE OF ORGANIZATION | 7f. JURISDICTION OF ORGANIZATION | 7g. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> NONE |
|--|--------------------------------------|--------------------------|----------------------------------|--|

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.

Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.

9. **NAME 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 which adds 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<br>HOME FEDERAL SAVING BANK |                            |            |             |        |
| OR  | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |

10. OPTIONAL FILER REFERENCE DATA