UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

IMPORTANT - READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM - DO NOT DETACH STUB

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			Shelby Cnty Ju	460 Pg 1/1 28.00 dge of Probate, AL 30:00 FILED/CERTIFIE
UCC FINANCING	G STATEMENT AMENDMEN	IT		ON ON THEDICER THIE
والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراج	S (front and back) CAREFULLY CONTACT AT FILER [optional]			
B. SEND ACKNOWLEDG	SMENT TO: (Name and Address)			
		——————————————————————————————————————		
	ommercial Bank			
Po box				
PILMING	ham, AL 35202			
		THE AB	OVE SPACE IS FOR FILING OFF	ICE USE ONLY
1a. INITIAL FINANCING STA			1b. This FINANCING ST	ATEMENT AMENDMENT is
	390 Shelby County		REAL ESTATE REC	
	fectiveness of the Financing Statement identified above in			
continued for the addi	Effectiveness of the Financing Statement identified about tional period provided by applicable law.	Ne with respect to security interest(s) or the	ie Secureu Party authorizing this Conti	INAUON SIAIGINGIII IS
والتوالووالوالوالوالوالوالوالوالوالوالوالأوالأ	or partial): Give name of assignee in item 7a or 7b and a	الروار الروار التي التي التي التي التي التي التي التي	كالمكاف المساول كالمناف المساولة والمساولة والمساولة والمساولة والمساولة والمساولة والمساولة والمساولة والمساولة	
	Y INFORMATION): This Amendment affects De		eck only <u>one</u> of these two boxes.	
CHANGE name and/o	wing three boxes <u>and</u> provide appropriate information in inaddress: Please refer to the detailed instructions	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete	item 7a or 7b, and also items 7e-7g (if applicable).
L. I in regards to changing the name/address of a party. 6. CURRENT RECORD INFORMATION:		L to be deleted in item 6a or 6b.	item 7c; also complete	items 7e-7g (if applicable).
6a. ORGANIZATION'S	NAME			_
OR Caldwell Mill, II.P		IFIRST NAME	MIDDLE NAME	SUFFIX
			MINDDEE IAVIAE	JOHNA
7. CHANGED (NEW) OR A	DDED INFORMATION:		<u></u>	
7a. ORGANIZATION'S I	NAME			
OR 75. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	TSUFFIX
7c. MAILING ADDRESS		CITY	STATE POSTAL CODI	COUNTRY
7d. SEE INSTRUCTIONS	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL IE	#, if any
S AMENDMENT (COLL	TERAL CHANGE): check only one box.			NONE
	leted or added, or give entire restated collater	ral description, or describe collateral	assigned.	
Partial	release:			
_	, according to the Survey		•	•
recorde	d in Map Book 31, page 31,	, in the Probate Off	ice of Shelby Coun	ty, Alabama.
NAME OF SECURED	PARTY OF RECORD AUTHORIZING THIS AME	NDMENT (name of accionar if this is an	Assignment) Within in an Amendment -	uthorized by a Dabtaz which
adds collateral or adds the	authorizing Debtor, or if this is a Termination authorized	by a Debtor, check here and enter name	ne of DEBTOR authorizing this Amend	ment.
9a. ORGANIZATION'S N	AME			 _
OR First Co	ommercial Bank NAME	FIRST NAME	MIDDLE NAME	SUFFIX
		I WAS I MANIAIC	MINDLE NAME	SUFFIX
10.OPTIONAL FILER REFER	NCE DATA			