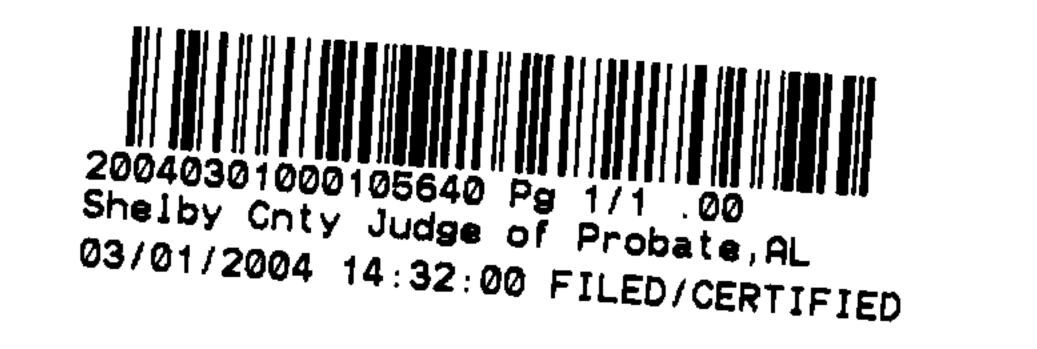
 		 _	
 	 	 -	



		STATEMENT AMENDMEN (front and back) CAREFULLY	T		
		ONTACT AT FILER [optional]			
B. 5	SEND ACKNOWLEDGE	MENT TO: (Name and Address)			
υ		VILIVI TO: (IVAILLE ALIG AUGLESS)			
	FI	RST NATIONAL BANK OF SHELBY COUNTY			
		P. O. BOX 977			
		106 EAST COLLEGE ST			
		COLUMBIANA, AL 35051			
	1				
1a. i	NITIAL FINANCING STAT	EMENT FILE #	THE ABOVE SP	PACE IS FOR FILING OFFICE	
	SHELBY COUNTY INS			1b. This FINANCING STAT	(or recorded) in the
2.	TERMINATION: Effe	ectiveness of the Financing Statement identified above i	s terminated with respect to security interest(s) of	the Secured Party authorizing th	
3.	CONTINUATION: E	ffectiveness of the Financing Statement identified above			
	continued for the addit	ional period provided by applicable law.			
4.	ASSIGNMENT (full of	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.	······································
			tor <u>or</u> Secured Party of record. Check only <u>o</u>	ne of these two boxes.	
		wing three boxes <u>and</u> provide appropriate information in			
	name (it name change)	address: Give current record name in item 6a or 6b; also in item 7a or 7b and/or new address (if address change	DELETE name: Give record name) in item 7c. to be deleted in item 6a or 6b.	e ADD name: Complete i item 7c; also complete	item 7a or 7b, and also items 7d-7g (if applicable
_	URRENT RECORD INF		······································		
OR -	6b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME	SUFFIX
		SALTER	AUBREY		301117
7. C	HANGED (NEW) OR A	DDED INFORMATION:			
_	7a. ORGANIZATION'S NA			<del> </del>	<u> </u>
OR -	<u> </u>				
711	7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
	440000000000000000000000000000000000000				
C. IV	AILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY
' <del>л Т</del>	AX ID #: SSN OR EIN	ADD'L INFO RE 7e. TYPE OF ORGANIZATION	174 HIDIODIOTION OF ODOANISTAN		
u. ,,		ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #,	if any
Δ.		DEBTOR  ERAL CHANGE): check only one box.			X NONE
		ted or added, or give entire restated collater			· · · · · · · · · · · · · · · · · · ·
	uele La	red of added, of give entire restated collater	rai description, or describe collateral assigned.		
. N.	AME OF SECURED P.	ARTY OF RECORD AUTHORIZING THIS AMEN	NDMENT (name of assignor, if this is an Assignm	ent). If this is an Amendment aut	thorized by a Debtor which
add	os collateral or adds the au	ARTY OF RECORD AUTHORIZING THIS AMEN	NDMENT {name of assignor, if this is an Assignm by a Debtor, check here and enter name of DI	ent). If this is an Amendment aut EBTOR authorizing this Amendm	thorized by a Debtor which nent.
a a a	as collateral or adds the au	othorizing Debtor, or if this is a Termination authorized    ME	NDMENT {name of assignor, if this is an Assignm by a Debtor, check here and enter name of DI	ent). If this is an Amendment aut EBTOR authorizing this Amendm	thorized by a Debtor which nent.
add	9a. ORGANIZATION'S NA FIRST NATIONAL BA	ME  NK OF SHELBY COUNTY	by a Debtor, check here and enter name of DE	ent). If this is an Amendment aut EBTOR authorizing this Amendn	thorized by a Debtor which nent.
add	as collateral or adds the au	ME  NK OF SHELBY COUNTY	NDMENT (name of assignor, if this is an Assignm by a Debtor, check here and enter name of DI	ent). If this is an Amendment aut EBTOR authorizing this Amendn	thorized by a Debtor which nent.