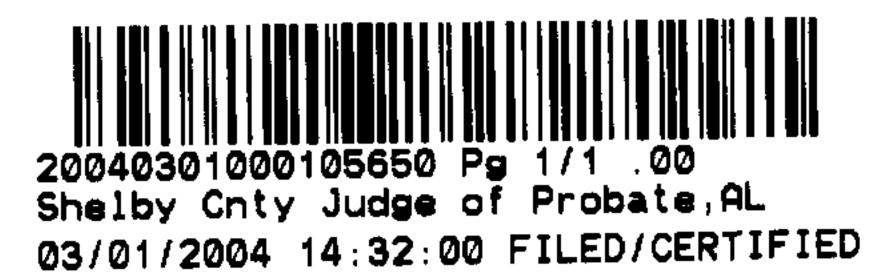
 <u>.</u>	



OLLOW INSTRUCTIONS A. NAME & PHONE OF	(front and back)	ENT AMENDMEN					
A. NAME & PHONE OF		CAREFULLY					
) OCLID A #145	CONTACTALFIL						
 SEND ACKNOWLEDG 	MENT TO: (Nam	e and Address)	· · · · · · · · · · · · · · · · · · ·				
F		BANK OF SHELBY COUNTY					
		. O. BOX 977					
		AST COLLEGE ST BIANA, AL 35051					
	OOLOWII	DIANA, AL JUUJI					
				THE ABOVE S	PACE IS FO	R FILING OFFICE US	E ONLY
a. INITIAL FINANCING STA						s FINANCING STATEME be filed [for record] (or re-	
SHELBY COUNTY IN					REA	AL ESTATE RECORDS.	
		inancing Statement identified above					
continued for the add	itional period provide	Financing Statement identified aboved by applicable law.	ve with respect to	security interest(s) of the Secure	d Party autho	rizing this Continuation S	statement is
ASSIGNMENT (full	or partial): Give na	me of assignee in item 7a or 7b and	d address of assig	nee in item 7c; and also give nam	e of assignor	in item 9.	· · · · · · · · · · · · · · · · · · ·
. AMENDMENT (PART)	(INFORMATION)	: This Amendment affects De	btor <u>or</u> Sec	ured Party of record. Check only	one of these t	wo boxes.	
		nd provide appropriate information					
CHANGE name and/or name (if name change	address: Give curre in item 7a or 7b ar	ent record name in item 6a or 6b; als nd/or new address (if address chang	lso give new ge) in item 7c.	DELETE name: Give record nan to be deleted in item 6a or 6b.		D name: Complete item n 7c; also complete item	7a or 7b, and also s 7d-7g (if applicable
CURRENT RECORD IN		····					
Ou. OndANIZATION ST	IATVIL						
R 6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	MIDDLE NAME SU		
	PARKER	3		CHADD			
7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST			FIRST NAME		MIDDLE	NAME	SUFFIX
. MAILING ADDRESS		· -	017			100074. 3555	
MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
I. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDIC	TION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if ar	_
AMENDMENT (COLLA); check only one box	<u>. </u>				Х мом
		d, or give entire restated collat	teral description, o	or describe collateral assigned			
name of SECURED adds the	PARTY OF RECC	ORD AUTHORIZING THIS AME or if this is a Termination authorized	ENDMENT (named by a Debtor, ob-	ne of assignor, if this is an Assignment beck here	nent). If this is	an Amendment authoriz	zed by a Debtor whic
		a romanadon auditonze		and enter name of L	CDION auth	iorizing this Amendment.	·
9a. ORGANIZATION'S N	AME						
9a. ORGANIZATION'S N		COUNTY					
	ANK OF SHELBY	COUNTY	FIRST NAME		MIDDLE	NAME	SUFFIX