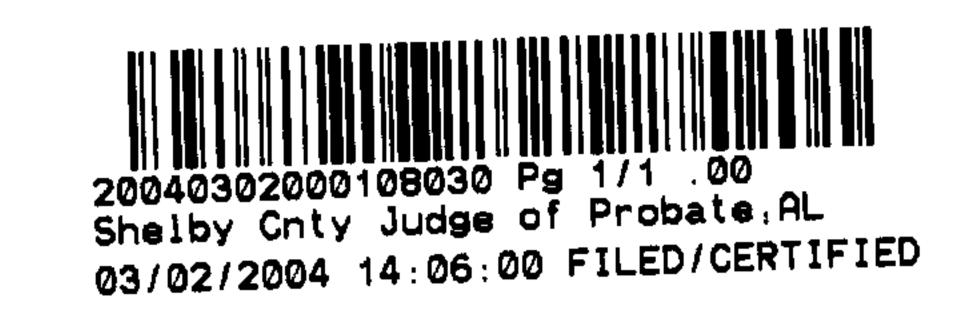
	-	



A. NAME & PHONE OF CONTACT A	AT FILER [optional]					
CHRISTY BARNETTE						
B. SEND ACKNOWLEDGMENT TO:	: (Name and Address)					
ALABAMATELCO (POBOX 360287						
BIRMINGHAM, AL	35236					
			IE ADOVE SDAA	.E. 16 E.C		
a. INITIAL FINANCING STATEMENT FILE			E ABOVE SPAC		R FILING OFFICE US	
SHELBY COUNTY #200				RE	e filed [for record] (or re AL ESTATE RECORDS.	•
11111	of the Financing Statement identified above	·		_		
continued for the additional period	s of the Financing Statement identified at provided by applicable law.	pove with respect to security interest(s	s) of the Secured P	arty auth	orizing this Continuation	Statement is
ASSIGNMENT (full or partial): G	Sive name of assignee in item 7a or 7b and	d address of assignee in item 7c; and a	also give name of a	ssianor in	item 9.	
5. AMENDMENT (PARTY INFORMA		**************************************				
	exes and provide appropriate information in	items 6 and/or 7.	•			
name (it name change) in item 7a or	ve current record name in item 6a or 6b; a r 7b and/or new address (if address chang	lso give new DELETE name:  e) in item 7c. to be deleted in it	Give record name tem 6a or 6b.	A lite	D name: Complete item 7c; also complete item	7a or 7b, and also is 7d-7g (if applicable
6a. ORGANIZATION'S NAME	N;					
•	•					
6b. INDIVIDUAL'S LAST NAME	· · · · · · · · · · · · · · · · · · ·	FIRST NAME		MIDDLE	NAME	SUFFIX
CAMP		DANIEL		K		
CHANGED (NEW) OR ADDED INFO	PRMATION:			••		· · · · · · · · · · · · · · · · · · ·
7a. ORGANIZATION'S NAME			· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · ·
75. INDIVIDUAL'S LAST NAME	'S."	FIRST NAME		MIDDLE NAME SUFFIX		
75. INDIVIDUAL'S LAST NAME				MIDDLE	NAME	SUFFIX
75. INDIVIDUAL'S LAST NAME						
c. MAILING ADDRESS	——————————————————————————————————————	CITY		STATE	POSTAL CODE	COUNTRY
	•	CITY		STATE	POSTAL CODE	COUNTRY
c. MAILING ADDRESS	O RE   7e. TYPE OF ORGANIZATION ATION	7f. JURISDICTION OF ORGANIZA			POSTAL CODE	y
c. MAILING ADDRESS  d. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZA DEBTOR  AMENDMENT (COLLATERAL CH	ATION ' HANGE): check only one box.	7f. JURISDICTION OF ORGANIZA	ATION			y
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C. MAILING ADDRESS  d. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZA DEBTOR  AMENDMENT (COLLATERAL CH Describe collateral deleted or a  NAME OF SECURED PARTY OF adds collateral or adds the authorizing De  9a. ORGANIZATION'S NAME	HANGE): check only one box.  added, or give entire restated collate  RECORD AUTHORIZING THIS AM  ebtor, or if this is a Termination authorized	7f. JURISDICTION OF ORGANIZA  eral description, or describe collateral  SENDMENT (name of assignor, if this	assigned.	7g. ORG	an Amendment authorize	y NON
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C. MAILING ADDRESS  d. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZA DEBTOR  AMENDMENT (COLLATERAL CH Describe collateral deleted or adds the authorizing Despair of Describe collateral or adds the authorizing Despair or ALABAMA TELCO CRE	HANGE): check only one box.  added, or give entire restated collate  RECORD AUTHORIZING THIS AM  ebtor, or if this is a Termination authorized	7f. JURISDICTION OF ORGANIZA  eral description, or describe collateral  SENDMENT (name of assignor, if this	assigned.	7g. ORG	ANIZATIONAL ID #, if any	y NON