



UCC FINANCING STATEMENT ANIENDINEN FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER [optional]				
Frances Patterson 256-249-0341				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Frontier Bank				
P O Box 630				
Sylacauga Al 35150				
4 - INSTITUTE OF ATENDENT FULL #	THE ABOVE SPA		R FILING OFFICE USE C	
1a. INITIAL FINANCING STATEMENT FILE # 1999-13752 Shelby County 04/01/1999		to b	e filed [for record] (or recorde	
2. TERMINATION: Effectiveness of the Financing Statement identified above is	s terminated with respect to security interest(s) of the		AL ESTATE RECORDS. ty authorizing this Termination	Statement
3. CONTINUATION: Effectiveness of the Financing Statement identified above in a CONTINUATION: Effectiveness of the Financing Statement identified above in a CONTINUATION:		•		
continued for the additional period provided by applicable law.	ve with respect to security interest(s) or the occurre	r i dity ddiin		
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 De	btor or Secured Party of record. Check only or	ne of these	wo boxes.	
Also check one of the following three boxes and provide appropriate information in i				
CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)	o give new DELETE name: Give record name) in item 7c. Lobe deleted in item 6a or 6b.		D name: Complete item 7a om 7c; also complete items 7d-	
6. CURRENT RECORD INFORMATION:				· · · · · · · · · · · · · · · · · · ·
6a. ORGANIZATION'S NAME			· · ·	······································
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFF		SUFFIX
Bircheat	Tony			
7. CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME				
OR 7b. INDIVIDUAL'S LAST NAME	TEIDOT NAME	IMIDDI E	NIANAC"	Teneriy
76. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE	TPOSTAL CODE	COUNTRY
2336 Nichols	Leeds	Al	35094	
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION		ANIZATIONAL ID #, if any	<u> </u>
ORGANIZATION	71. OOT 11 OT OT OT OT OT	1 9 . 0110		
DEBTOR DEBTOR	· · · · · · · · · · · · · · · · · · ·			NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collater	nd description or describe colleteral Descioned			
Describe conateral producted of added, of give entire restated conater	al description, or describe collateralassigned.			
(1) 1987 Gurdon-Land Castle. 28x70. 4Bd & 2Bth. Seria	al Numbers GDWVGA418642616A	& B and	d all parts and access	sions
thereto located at Rt 1 Leeds, Al, 35094 or whereever located	ated.			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMI	ENDMENT (name of accionar, if this is an Accionma	nt) If this is	on Amendment authorized by	a Dobtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized				a Debior Which
9a. ORGANIZATION'S NAME	<u>t I </u>			·
Frontier Bank fka Frontier Finance Services				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA		<u>L</u>		1