NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)

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

| Shelly | | 20040308000119160 Pg 1/1 .00 Shelby Cnty Judge of Probate, AL 03/08/2004 14:54:00 FILED/CERTIFI | |
|---|--|--|---|
| UCC FINANCING STATEMENT AMENDME | NT | | |
| FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] | | | |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | |
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| A LAGASCO | | | |
| | <u>_</u> | HE ABOVE SPACE IS FOR FILING OFFICE | USE ONLY |
| 1a. INITIAL FINANCING STATEMENT FILE# 1 9 98 33892 | | 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. | |
| 2. TERMINATION: Effectiveness of the Financing Statement identified above | | y interest(s) of the Secured Party authorizing this Ten | mination Statement. |
| 3. CONTINUATION: Effectiveness of the Financing Statement identified at continued for the additional period provided by applicable law. | pove with respect to security interest | t(s) of the Secured Party authorizing this Continuation | on Statement is |
| 4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and | | | |
| AMENDMENT (PARTY INFORMATION): This Amendment affects | n items 6 and/or 7. also give new DELETE name | ord. Check only <u>one</u> of these two boxes. : Give record name | em 7a or 7b, and also ems 7d-7g (if applicable). |
| | | | |
| 6b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| 7. CHANGED (NEW) OR ADDED INFORMATION: | | | |
| 7a. ORGANIZATION'S NAME | | | |
| 7b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| 7c. MAILING ADDRESS | CITY / / | STATE POSTAL CODE | COUNTRY |
| 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION | Pe/Man | | 24 454 |
| ORGANIZATION DEBTOR | 7f, JURISDICTION OF ORGAN | IZATION 7g. ORGANIZATIONAL ID #, if | any |
| 8. AMENDMENT (COLLATERAL CHANGE): check only one box. | | | |
| Describe collateral deleted or added, or give entire restated collateral | eral description, or describe collate | ralassigned. | |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN | | | |
| adds collateral or adds the authorizing Debtor, or if this is a Termination authorized | o by a Debtor, check here and e | enter name of DEBTOR authorizing this Amendment | [. |
| OR 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| | | | SUCEIX |
| 10. OPTIONAL FILER REFERENCE DATA | | | |