

OLLOW INSTRUCTIONS (fro	TATEMENTAMENDMEI				
C.C. BARGER/205-226	- · · · · · · · · · · · · · · · · · · ·				
. SEND ACKNOWLEDGMEN	T TO: (Name and Address)				
ALABAMA POV	MED COMBANIS				
600 NORTH 18T					
BIRMINGHAM,					
INITIAL FINANCING STATEME		THE ABOVE		OR FILING OFFICE U	
INITIAL FINANCING STATEMEN . 1997-02994/SHELBY			[r to	nis FINANCING STATEME be filed [for record] (or re	corded) in the
		is terminated with respect to security interest(s) of	f the Secured Pa	EAL ESTATE RECORDS.	nation Statement
CONTINUATION: Effective	reness of the Financing Statement identified ab	ove with respect to security interest(s) of the Se			
continued for the additional p	eriod provided by applicable law.				
فتقوم والمستقل المنافق والمستقل المستقل المستق المستقل المستقل المستقل المستقل المستقل المستقل المستقل المستقل		l address of assignee in item 7c; and also give na	me of assignor in	n item 9.	
	· · · · · · · · · · · · · · · · · · ·	ebtor or Secured Party of record. Check o	nly <u>one</u> of these	two boxes.	
CHANGE name and/or address	ree boxes <u>and</u> provide appropriate information in second name in item 6a or 6b; als	so give new	name ["] A	DD name: Complete item	7a or 7b, and also
CURRENT RECORD INFORM	n 7a or 7b and/or new address (if address change	e) in item 7c. to be deleted in item 6a or 6	b. it	em 7c; also complete item	is 7d-7g (if applica
6a. ORGANIZATION'S NAME			****	——————————————————————————————————————	
6b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME SUFF	
GUEST		RICHARD			
7a. ORGANIZATION'S NAME	INFORMATION:		· · · · · · · · · · · · · · · · · · ·		
7 a. ONOANIZATION G NAME					
7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME SUFFI		SUFFIX
GUEST		LINDA	SUE		SUFFIX
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
23 HIGHWAY 54		MONTEVALLO	AL	35115	
	'L INFO RE 7e. TYPE OF ORGANIZATION ANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if an	y
DEB					Пис
AMENDMENT (COLLATERA	L CHANGE): check only one box.				
	added, or give entire restated collater	ral description, or describe collateral assign	ned.		
Describe collateral deleted o					
Describe collateral deleted o					
Describe collateral deleted o					
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	Y OF RECORD AUTHORIZING THIS AME	ENDMENT (name of assignor, if this is an Assign			
NAME OF SECURED PART	Y OF RECORD AUTHORIZING THIS AME ng Debtor, or if this is a Termination authorized	ENDMENT (name of assignor, if this is an Assignor and enter name of E	nment) If this is	an Amendment authorized	d by a Debtor whic
NAME OF SECURED PART adds collateral or adds the authoriz 9a. ORGANIZATION'S NAME	ing Deptor, or it this is a Termination authorized	ENDMENT (name of assignor, if this is an Assignor and enter name of E	nment) If this is	an Amendment authorized	d by a Debtor whic
NAME OF SECURED PART adds collateral or adds the authoriz	ing Deptor, or it this is a Termination authorized	ENDMENT (name of assignor, if this is an Assignor and enter name of E	nment) If this is	an Amendment authorized	d by a Debtor which