



03/19/2004 13:23:00 FILED/CERTIFIED

UCC FINANCING STATEMENT AMENDMENT. FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) ***PLEASE RETURN TO*** **CSC** 2730 Gateway Oaks Drive, Suite 100 Sacramento, CA 95833 Acct. #P6-0000-743-9 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is to be 1a. INITIAL FINANCING STATEMENT FILE # filed [for record] (or recorded) in the REAL ESTATE 20030827000569720 filed August 27, 2003 with the County of Shelby, Alabama RECORDS. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law. 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 [__] Debtor or [__] Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. ADD name: Complete item 7a or 7b, and also DELETE name: Give record CHANGE name and/or address: Give current record name in item 6a or 6b; also give item 7c; also complete items 7d-7g (if new name (if name change) in item 7a or 7b and/or new address (if address change) in name to be deleted in item 6a applicable). or 6b. item 7c. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME Amerco Real Estate Company of Alabama, Inc. SUFFIX MIDDLE NAME 6b. INDIVIDUAL'S LAST NAME 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME OR SUFFIX MIDDLE NAME FIRST NAME 7b. INDIVIDUAL'S LAST NAME COUNTRY POSTAL CODE STATE CITY 7c. MAILING ADDRESS 7g. ORGANIZATIONAL I.D.#, if any 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION ADD'L INFO RE 7d. TAX I.D #: SSN OR EIN ORGANIZATION None DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. restated collateral description, or describe collateral ____ assigned. Describe collateral ____ deleted or ____ 9. NAME of SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here ___ and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME Wells Fargo Foothill, Inc., as Agent SUFFIX MIDDLE NAME INDIVIDUAL'S LAST NAME FIRST NAME 10. OPTIONAL FILER REFERENCE DATA 459242/3 SCR/SAC #608

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