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

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

		20040322000146130 Pg Shelby Cnty Judge of 03/22/2004 14:26:00 F	Probate,AL
UCC FINANCING STATEMENT AMENDME FOLLOW INSTRUCTIONS (front and back) CAREFULLY	ENT		
A. NAME & PHONE OF CONTACT AT FILER [optional]			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Alagasco			
20 South 20 5th	reer		
Bham, Ala 35	225		
		VE SPACE IS FOR FILING OFFICE U	JSE ONLY
1a. INITIAL FINANCING STATEMENT FILE#		1b. This FINANCING STATEM to be filed [for record] (or re	ecorded) in the
2. TERMINATION: Effectiveness of the Financing Statement identified about	ove is terminated with respect to security interest(s	REAL ESTATE RECORDS s) of the Secured Party authorizing this Term	
3. CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.			
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b a	and address of assignee in item 7c; and also give	name of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects  Also check one of the following three boxes and provide appropriate information		k only <u>one</u> of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information CHANGE name and/or address: Give current record name in item 6a or 6b name (if name change) in item 7a or 7b and/or new address (if address change)	; also give new DELETE name: Give red	ord name ADD name: Complete iter	n 7a or 7b, and also
6. CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME	inge) in item 70.	item 7c; also complete iter	iis 7d-7g (ii applicable).
OR 6b. INDIVIDUAL'S LAST NAME.	FIRST NAME /	MIDDLE NAME	SUFFIX
Kuu Kendall	Lavry		
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
1020-7 Ave 5.70.	Alabaster	Al 35007	
7d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			NONE
Describe collateral deleted or added, or give entire restated coll	ateral description, or describe collateral as	ssigned.	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS	AMENDMENT (name of assignor, if this is an A	ssignment). If this is an Amendment authoriz	zed by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authori	zed by a Debtor, check here and enter name	of DEBTOR authorizing this Amendment.	
A/20.500			
9b. INDIVIDUAL'S LASTNAME	FIRST NAME	MIDDLE NAME	SUFFIX
10 ORTIONAL EILER REFERENCE BATA			
10. OPTIONAL FILER REFERENCE DATA			