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

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

Sholby			20040323000148350 Pg 1/1 .00 Shelby Cnty Judge of Probate, AL 03/23/2004 13:26:00 FILED/CERTIFIED	
UCC FINANCING STATEMENT AMEN	DMENT			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)  ALAGASCO  L				
1a. INITIAL FINANCING STATEMENT FILE#		· · · · · · · · · · · · · · · · · · ·	PACE IS FOR FILING OFFICE US	T AMENDMENT is
2. TERMINATION: Effectiveness of the Financing Statement iden	<u> </u>	th respect to security interest(s) of the	to be filed [for record] (or reco	rded) in the
3. CONTINUATION: Effectiveness of the Financing Statement is continued for the additional period provided by applicable law.	dentified above with respec	t to security interest(s) of the Secur	ed Party authorizing this Continuation St	tion Statement. latement is
4. ASSIGNMENT (full or partial): Give name of assignee in item	7a or 7b and address of assi	gnee in item 7c; and also give name	of assignor in item 9.	
<ol> <li>AMENDMENT (PARTY INFORMATION): This Amendment af Also check one of the following three boxes and provide appropriate in CHANGE name and/or address: Give current record name in item name (if name change) in item 7a or 7b and/or new address (if add 6. CURRENT RECORD INFORMATION:</li> <li>6a. ORGANIZATION'S NAME</li> </ol>	formation in items 6 and/or 7	DELETE name: Give record na to be deleted in item 6a or 6b.		a or 7b, and also 7d-7g (if applicable).
6b. INDIVIDUAL'S LAST NAME / Cad	FIRST NAM	enneth	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME				
OR				
7b. INDIVIDUAL'S LAST NAME	FIRST NAM		MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS Was 331 1250 Highland 5tree	CITY	nte wallo	STATE POSTAL CODE  AL 35//	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANI ORGANIZATION	ZATION 7f. JURISDIC	CTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	U5A
8. AMENDMENT (COLLATERAL CHANGE): check only one box.				NONE
Describe collateral deleted or added, or give entire restrict	ated collateral description, o	or describe collateral assigned		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING adds collateral or adds the authorizing Debtor, or if this is a Termination 9a. ORGANIZATION'S NAME	THIS AMENDMENT (na authorized by a Debtor, che	me of assignor, if this is an Assignme ck here and enter name of DE	ent). If this is an Amendment authorized b BTOR authorizing this Amendment.	y a Debtor which
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
10.OPTIONAL FILER REFERENCE DATA				