

UCC FINANCING STATEMENT AMENDI	MENT				
FOLLOW INSTRUCTIONS (front and back) CAREFULLY					
A. NAME & PHONE OF CONTACT AT FILER [optional] CHRISTY BARNETTE					
B. SEND ACKNOWLEDGMENT TO: (Name and Address)					
ALABAMA TELCO CREDIT UNION P O BOX 260387 BIRMINGHAM, AL 35236					
a. INITIAL FINANCING STATEMENT FILE #	<del></del>	THE ABOVE SPA		OR FILING OFFICE USE	
SHELBY COUNTY #2000-09152		l r ⊤ to	his FINANCING STATEMENT be filed [for record] (or record)		
TERMINATION: Effectiveness of the Financing Statement identified	above is terminated with	espect to security interest(s) of the		EAL ESTATE RECORDS.  Party authorizing this Termination	on Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identi					
continued for the additional period provided by applicable law.					
ASSIGNMENT (full or partial): Give name of assignee in item 7a or . AMENDMENT (PARTY INFORMATION): This Amendment affects					
Also check one of the following three boxes and provide appropriate informations	السيا السيا	ared Party of record. Check only <u>or</u>	<u>e</u> of thes	e two boxes.	
CHANGE name and/or address: Give current record name in item 6a o name (if name change) in item 7a or 7b and/or new address (if address	r 6b; also give new change) in item 7c.	DELETE name: Give record name to be deleted in item 6a or 6b.		ADD name: Complete item 7a tem 7c; also complete items 7	or 7b, and also
. CURRENT RECORD INFORMATION:		TO DO GOIGLOU IN HOIM ON ON OD.		terit 70, also complete items 7	u-/g (ii applicable
6a. ORGANIZATION'S NAME					
R 6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDI	E NAME	OUTERN
MAHER	CHARLE	S	I	E IAWIAIE	SUFFIX
. CHANGED (NEW) OR ADDED INFORMATION:			+		
7a. ORGANIZATION'S NAME	······································	<del></del>	· <del>-</del>	<del></del>	
7b. INDIVIDUAL'S LAST NAME					
TO THE OTHER DAY IN THE	FIRST NAME		MIDDL	ENAME	SUFFIX
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	ON 7f. JURISDICT	ION OF ORGANIZATION	7g. OR	GANIZATIONAL ID #, if any	
DEBTOR		<u> </u>			NON
. AMENDMENT (COLLATERAL CHANGE): check only one box.					
Describe collateral deleted or added, or give entire restated	collateral description, or	describe collateralassigned.			
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NAME OF SECURED PARTY OF RECORD AUTHORIZING TH	IS AMENIOMENIT /nom	o of conjugacy if this is an Assissance	45 - 15 46-1-		
adds collateral or adds the authorizing Debtor, or if this is a Termination aut	horized by a Debtor, check	there and enter name of DEB	τ). If this ΓΟR auth	is an Amendment authorized b orizing this Amendment.	y a Debtor which
9a. ORGANIZATION'S NAME	<del>,</del>		71-1		·
ALABAMA TELCO CREDIT UNION	······································	<del></del>			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
OPTIONAL FILER REFERENCE DATA		······································			

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