



UCC FINANCING STATEMENT AMENDM FOLLOW INSTRUCTIONS (front and back) CAREFULLY	ENT			
A. NAME & PHONE OF CONTACT AT FILER [optional]	407			
ELIZABETH COSTLEY 256-396-2 B. SEND ACKNOWLEDGMENT TO: (Name and Address)	187			
FIRSTSTATE BANK P O BOX 547 LINEVILLE AL 36266				
1a INITIAL EINANCING STATEMENT EU E #			IS FOR FILING OFFICE	
1a. INITIAL FINANCING STATEMENT FILE # 1999-44200 filed 10/27/99		1	 b. This FINANCING STATI to be filed [for record] (or REAL ESTATE RECORD 	EMENT AMENDMENT is recorded) in the
2. XX TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated with respect to se	curity interest(s) of the Secur		
3. CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.	ove with respect to security interes	st(s) of the Secured Party au	thorizing this Continuation St	atement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	nd address of assignee in item 7c;	and also give name of assig	nor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Also check one of the following three boxes and provide appropriate information in CHANGE name and/or address: Give current record name in item 6a or 6b; a name (if name change) in item 7a or 7b and/or new address (if address change)	n items 6 and/or 7.	of record. Check only <u>one</u> of the state of		item 7a or 7b, and also
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME SHADDIX PULPWOOD CO INC	ge/ in item /c to be de	eted in item oa or op.		items 7d-7g (if applicable).
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	N	IIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME				
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	N	/IDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY		TATE POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF OR	GANIZATION 7	g. ORGANIZATIONAL ID #,	if any
8. AMENDMENT (COLLATERAL CHANGE): check only one box.		<u></u>		- INOINE
Describe collateral deleted or added, or give entire restated colla	iteral description, or describe co	llateral assigned.		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME			If this is an Amendment autlauthorizing this Amendment.	
OR FIRSTSTATE BANK 9b. INDIVIDUAL'S LAST NAME				
AN HADIAIDONE O TWO I INTINE	FIRST NAME	MI	IDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA FILED WITH SHELBY CO JUDGE OF PROBA	\TE			