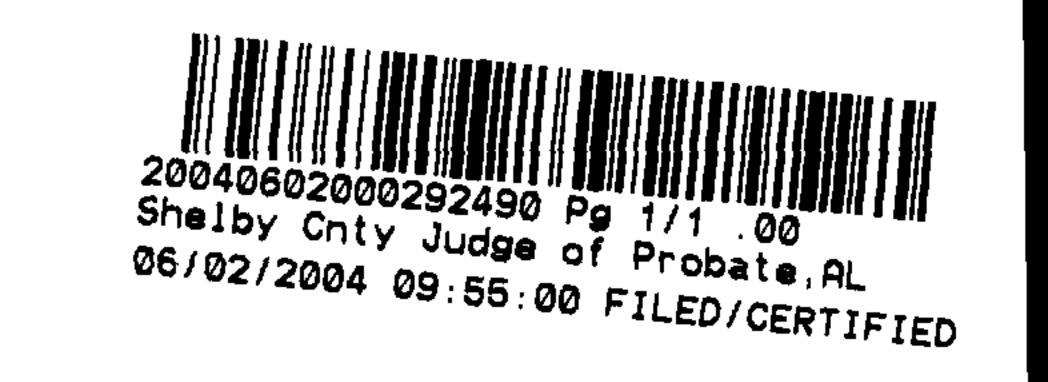
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| CC FINANCING STATEMENT AMEND LLOW INSTRUCTIONS (front and back) CAREFULLY | | | |
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| NAME & PHONE OF CONTACT AT FILER [optional] | | | |
| SEND ACKNOWLEDGMENT TO: (Name and Address) | | | |
| BARRY ANDREW STALNAKER | | | |
| 460 HWY 48 WILSONVILLE, AL 35186 | | | |
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| INITIAL FINANCING STATEMENT FILE # | THE ABOVE S | 1b. This FINANCING STATEM | |
| 2001-17148 FILED 05-02-2001 | | to be filed [for record] (or record) REAL ESTATE RECORDS | ecorded) in the |
| ✓ TERMINATION: Effectiveness of the Financing Statement identifie | ed above is terminated with respect to security interest(s) of i | | |
| CONTINUATION: Effectiveness of the Financing Statement iden continued for the additional period provided by applicable law. | ntified above with respect to security interest(s) of the Secu | red Party authorizing this Continuation | n Statement is |
| ASSIGNMENT (full or partial): Give name of assignee in item 7a | or 7b and address of assignee in item 7c; and also give name | e of assignor in item 9. | |
| AMENDMENT (PARTY INFORMATION): This Amendment affect | ts Debtor or Secured Party of record. Check only | y <u>one</u> of these two boxes. | |
| Also check one of the following three boxes and provide appropriate inform | | ADD O | 7 7 |
| CHANGE name and/or address: Give current record name in item 6a name (if name change) in item 7a or 7b and/or new address (if address | | ame ADD name: Complete iter item 7c; also complete ite | m 7a or 7b, and als ms 7d-7g (if applica |
| CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME | | | |
| ORGANIZATIONS NAME | | | |
| 6b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| STALNAKER | BARRY | A | JR |
| CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME | | ······································ | SUFFIX |
| 75 INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | |
| 7b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SOFFIX |
| 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS | FIRST NAME CITY | MIDDLE NAME STATE POSTAL CODE | COUNTRY |
| 76. INDIVIDUAL'S LAST NAME | | | |
| MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION | CITY | | COUNTR |
| MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZA ORGANIZATION DEBTOR | CITY | STATE POSTAL CODE | COUNTR |
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