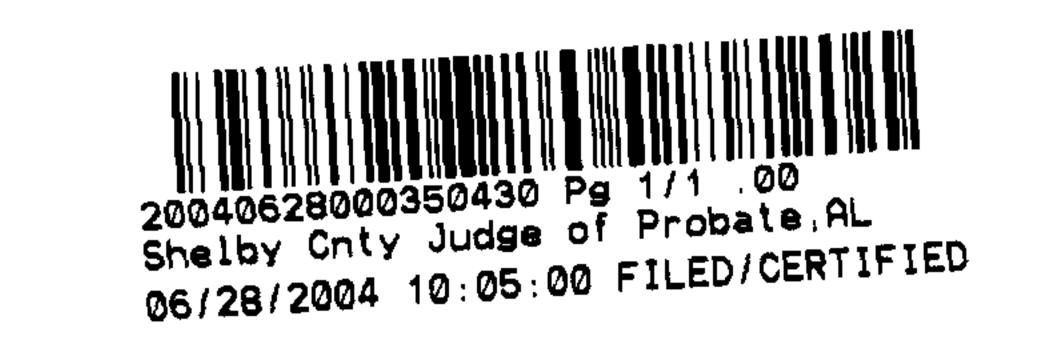
		-			



_			ENT AMENDME	NT						
	IAME & PHONE OF C									
B. \$	END ACKNOWLEDG	MENT TO: (Nan	ne and Address)							
	First PO Box	Commercia: 11746	l Bank							
		gham, AL	35202							
				TH	E ABOVE SPACI	E IS FOI	R FILING OFFICE USE	ONLY		
1a. I	NITIAL FINANCING STA	TEMENT FILE #			i i		FINANCING STATEMENT			
	والمستون فستهر والساوات والساوات والساوات والمستوال والمستوال والمستوال والمستوال والمستوال والمستوال والمستوال	260001175		زمسة مستربس مساوي والمستوال والمستول		to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.				
2. K		كرب كالرب كالرب كالرب كرب كرب كرب		e is terminated with respect to security in					مريندس بسويدس	
3. [CONTINUATION: Continued for the additional co			bove with respect to security interest(s)) of the Secured Pa	irty autho	rizing this Continuation St	atement is	\$	
4.	ASSIGNMENT (full	or partial): Give nan	ne of assignee in item 7a or 7b and	d address of assignee in item 7c; and al	lso give name of as:	signor in i	tem 9.			
				Debtor or Secured Party of record	i. Check only <u>one</u> c	of these t	wo boxes.			
	_ _ _		<u>d</u> provide appropriate information is	n items 6 and/or 7. DELETE name: Give record na	ama r		ame: Complete item 7a or	r7h and s	uleo	
	in regards to changing		fer to the detailed instructions of a party.	to be deleted in item 6a or 6b.	ATTIE	ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).				
	CURRENT RECORD IN 6a. ORGANIZATION'S N				_ 	<u> </u>			_ 	
			n c							
D R Builders, Inc 6b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME			FIX		
7. C	HANGED (NEW) OR A	DDED INFORMAT	ION.			-		<u> </u>		
	7a. ORGANIZATION'S N									
OR	OR 7b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME			EIV -	
			IFIKSI IANIAE		IAIIDDEE IAVIAIE		SUFF	-I/\		
7c. N	AILING ADDRESS			CITY		STATE	POSTAL CODE	COU	NTRÝ	
7d. <u>\$</u>	7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR		7f. JURISDICTION OF ORGANIZA	ATION	7g. ORGANIZATIONAL ID #, if any					
8 A	MENDMENT (COLLA		2): check only one box						NONE	
	·		· · · · · · · · · · · · · · · · · · ·	eral description, or describe collateral	assigned.					
			ر در در از در ا							
				MENDMENT (name of assignor, if this is				by a Debto	or which	
_	9a. ORGANIZATION'S N		or in units its a retimination authorize	ed by a Debtor, check here and ente	in name of DEB (O	r authori	zing this Amendment.			
}		Commercia	1 Bank							
OR	96. INDIVIDUAL'S LAST		,	FIRST NAME		AIDDLE N	IAME	SUFF	-IX	
					'-	_ _ •				

10. OPTIONAL FILER REFERENCE DATA