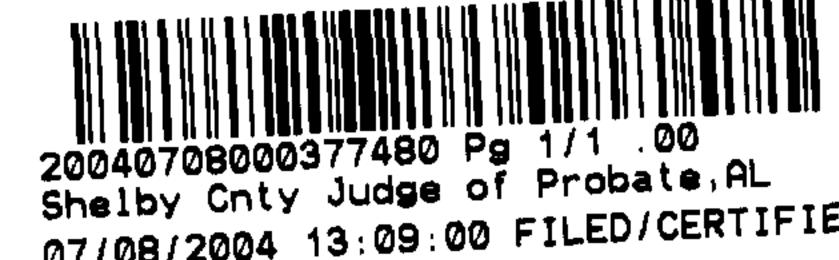
	<u>.</u>	 	



UCC FINANCING STATEMENT AMENDM	ENT	07 <i>/</i>	08/2004 13:09:00	FILED/CERTIFIE
FOLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]				
TRINA PIKE 205-884-2265		<b>→</b>		
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
METRO BANK				•
800 MARTIN ST SO				
PELL CITY, AL 35128				
	THE	ABOVE SPACE IS FO	OR FILING OFFICE US	SE ONLY
1a. INITIAL FINANCING STATEMENT FILE# INICTIDITIATENIT #20020000000000070 ETT EIN 9/06/02 XX/ITEL CI	IFI DV CAINTV TIDAF AF DI	to to	FINANCING STATEME be filed [for record] (or re	
NSTRUMENT #20030806000509870 FILED 8/06/03 WITH SIZE TERMINATION: Effectiveness of the Financing Statement identified			AL ESTATE RECORDS.  1 Party authorizing this T	ermination Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.		——————————————————————————————————————		
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7	b and address of assignee in item 7c; and	also give name of assigno	r in item 9.	<u> </u>
5. AMENDMENT (PARTY INFORMATION): This Amendment affects		Check only <u>one</u> of these	two boxes.	
Also check one of the following three boxes and provide appropriate in CHANGE name and/or address: Please refer to the detailed instructions		Give record name All All 70	DD name: Complete item	7a or 7b, and also ite
in regards to changing the name/address of a party.	to be deleted	n item 6a or 6b.	; also complete items 7	e-7g (if applicable).
6a. ORGANIZATION'S NAME				
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	MIDDLE NAME SUI	
LIVELY	AUSTIN	W		<u></u>
CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME				•
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
LIVELY	PEGGY			
7c. MAILING ADDRESS 20420 HWY 55	STERRETT	STATE	POSTAL CODE 35147	COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZA	ATION 7g. ORG	SANIZATIONAL ID #, if a	Iny NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.				
Describe collateral deleted or added, or give entire restate	ed collateral description, or describe colla	teral assigned.		
	- ::::::::::::::::::::::::::::::::::::		····	
. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS adds collateral or adds the authorizing Debtor, or if this is a Termination at				
9a. ORGANIZATION'S NAME  METRO BANK				
ЭВ. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
O. OPTIONAL FILER REFERENCE DATA	<del></del>		······································	
J. OF HOMAL FILEN NOI LINUE DATA				
LING OFFICE COPY LICC FINANCING STATEMENT AME	NDMENT (FORM LICCS) (REV. OF	(00)		