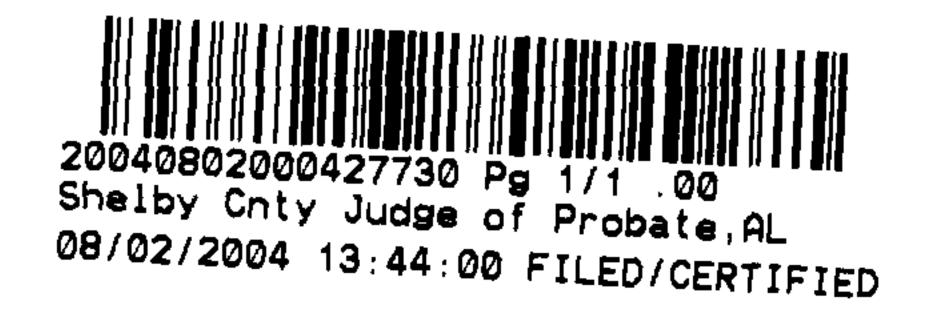
			~i //~
		·	Stally



## LICC FINANCING STATEMENT AMENDMENT

A. NAME & PHONE OF CONTACT AT FILER [optional]			
3. SEND ACKNOWLEDGMENT TO: (Name and Address)			
A lagas co			
20 South 20 5th	eet-		
Bham, Ala. 3529			
	THE ABOV	'E SPACE IS FOR FILING OFFICE	USE ONLY
1. INITIAL FINANCING STATEMENT FILE#		1b. This FINANCING STATE to be filed [for record] (or	
TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated with respect to security interest(s)	REAL ESTATE RECORD	DS.
CONTINUATION: Effectiveness of the Financing Statement identified all continued for the additional period provided by applicable law.			
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b an	d address of assignee in item 7c; and also give n	ame of assignor in item 9.	<del></del>
	Debtor or Secured Party of record. Check		
Also check one of the following three boxes and provide appropriate information is		ed name - ETADO name: Complete it	on Took The and also
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).	also give new DELETE name: Give recordinge) in item 7c. to be deleted in item 6a or		em 7a or 7b, and also ems 7d-7g (if applicable
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	<del></del>		<u> </u>
R 6b. INDIVIDUAL'S LAST NAME	TEIDOT NIANE	AAIDDI C NIANAC	Tourriv
100. INDIVIDUAL S LAST NAIVE	PIRST NAME ROBO bert	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
NAMI INC. ADDRESS	CITA	STATE POSTAL CODE	COUNTRY
3349 Culloden Way	B-ham	STATE POSTAL CODE  A1 3524	2
I. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, it	any
DEBTOR DEBTOR			NO
AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collaterated.	teral description, or describe collateral lass	ianed	
	La de la la de la	ignou.	
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS All adds collateral or adds the authorizing Debtor, or if this is a Termination authorized and ORGANIZATION'S NAME			
9a. ORGANIZATION'S NAME			
adds collateral or adds the authorizing Debtor, or if this is a Termination authorize			