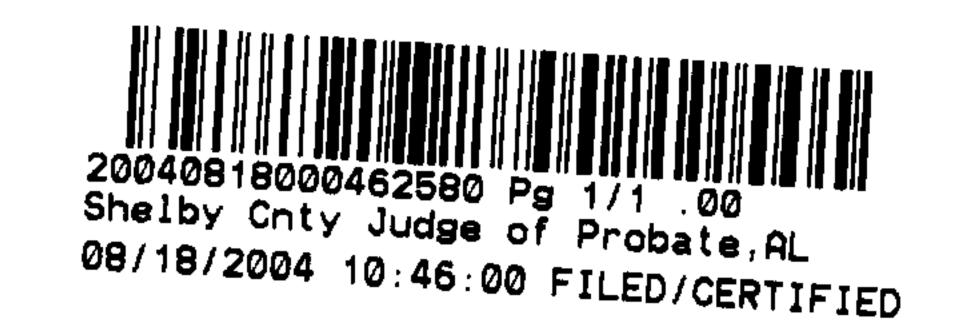


FOLLOW INSTRUCTIONS (front and back) CAREFULLY



UCC FINANCING STATEMENT AMENDMENT

A. NAME & PHONE OF CONTACT AT FILER [optional]			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
ALAGASCO			
ALHON			
_			
a. INITIAL FINANCING STATEMENT FILE #	THE ABOVE S	SPACE IS FOR FILING OFFICE I	
1997/18532		1b. This FINANCING STATEMENT AMENDMENT to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.	
TERMINATION: Effectiveness of the Financing Statement identified	d above is terminated with respect to security interest(s) of	the Secured Party authorizing this Tern	nination Statement.
CONTINUATION: Effectiveness of the Financing Statement identication continued for the additional period provided by applicable law.	tified above with respect to security interest(s) of the Secu	red Party authorizing this Continuatio	n Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a o AMENDMENT (PARTY INFORMATION): This Amendment affects			<u></u>
Also check one of the following three boxes and provide appropriate inform	, , , , , , , , , , , , , , , , , , ,	y <u>one</u> or these two boxes.	
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	or 6b; also give new DELETE name: Give record not so change) in item 7c. to be deleted in item 6a or 6b.	ame ADD name: Complete ite item 7c; also complete ite	m 7a or 7b, and also
. CURRENT RECORD INFORMATION:	to be deleted in item oa or ob.	item 70, also complete ite	ms /u-/g (ir applicab
6a. ORGANIZATION'S NAME			
R 6b. INDIVIDUAL'S LAST NAME	FIRST NAME		SUFFIX
Grove	Bobby and Glena	la	30111
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	Telleciv
		IVIIDULE NAIVIE	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
3406 2nd 12.5.	Jasper	AL 35501	U51
ORGANIZATION	TION 7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	iny
	· · · · · · · · · · · · · · · · · · ·		NO
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR . AMENDMENT (COLLATERAL CHANGE): check only one box.			Iny
NAME OF SECURED PARTY OF RECORD AUTHORIZING TH	HIS AMENDMENT (name of assignor, if this is an Assigni	ment). If this is an Amendment authoriz	zed by a Debtor whi
adds collateral or adds the authorizing Debtor, or if this is a Termination au	HIS AMENDMENT (name of assignor, if this is an Assigni	ment). If this is an Amendment authoriz	zed by a Debtor whi
NAME OF SECURED PARTY OF RECORD AUTHORIZING THe adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing Debtor	HIS AMENDMENT (name of assignor, if this is an Assigni	ment). If this is an Amendment authoriz	zed by a Debtor whic
NAME OF SECURED PARTY OF RECORD AUTHORIZING THe adds collateral or adds the authorizing Debtor, or if this is a Termination au 9a. ORGANIZATION'S NAME 45000000000000000000000000000000000000	HIS AMENDMENT (name of assignor, if this is an Assigni	ment). If this is an Amendment authoriz	zed by a Debtor which