

20041013000565290 Pg 1/1 .00 Shelby Cnty Judge of Probate, AL 10/13/2004 10:11:00 FILED/CERTIFIED

SEND ACKNOWLEDGMENT TO: (Name and Address)			
A lagasco			
	THE AF	SOVE SPACE IS FOR FILING OFFICE	IISE ONI V
NITIAL FINANCING STATEMENT FILE#		1b. This FINANCING STATEN to be filed [for record] (or REAL ESTATE RECORD:	MENT AMENDMENT is
TERMINATION: Effectiveness of the Financing Statement identified about		st(s) of the Secured Party authorizing this Terr	mination Statement.
CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.	I above with respect to security interest(s) of the	he Secured Party authorizing this Continuation	on Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b a	and address of assignee in item 7c; and also gi	ve name of assignor in item 9.	
MENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record. Cr	eck only one of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information CHANGE name and/or address: Give current record name in item 62 or 6b		record name FTIADD name: Complete its	m 7a or 7h and alen
CHANGE name and/or address: Give current record name in item 6a or 6b name (if name change) in item 7a or 7b and/or new address (if address change)	ange) in item 7c. to be deleted in item 6		ems 7d-7g (if applicable
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	<u> </u>	<u> </u>	
6b. INDIVIDUAL AST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
100V15	Moland		
CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
	11 Helham	14/35124	
125 Crossereek /val	TO WID OF OF OR OAN TATIO	N 7g. ORGANIZATIONAL ID #, if	any
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	N 7f. JURISDICTION OF ORGANIZATIO	\	
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	71. JURISDICTION OF ORGANIZATIO		NON
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.			NON
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR		assigned.	NO
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.		assigned.	NO
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TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.		assigned.	NC NC
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.		assigned.	

	9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.							
	9a. ORGANIZATION'S NAME A GAGASCO 9b. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX							
<u></u>	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX				
10.	OPTIONAL FILER REFERENCE DATA							