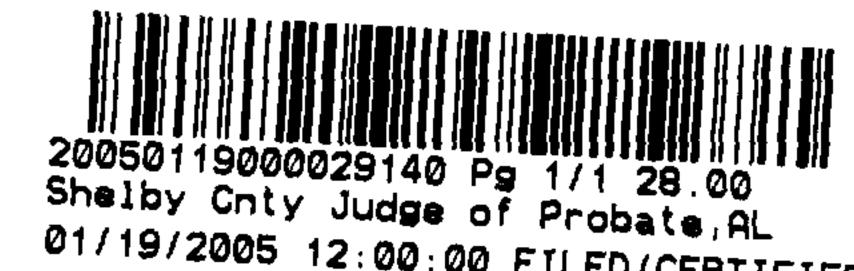
<del> </del>	 	-		_



	111 200 She	20050119000029140 Pg 1/1 28.00 Shelby Cnty Judge of Probate, AL				
			-WY OILLY	Judge of Probate, AL 2:00:00 FILED/CERTI		
UCC FINANCING	STATEMENT AMENDME					
	(front and back) CAREFULLY					
A. NAME & PHONE OF CO	ONTACT AT FILER [optional]			•		
	Cue 205-868-4839		~.			
B. SEND ACKNOWLEDGE	MENT TO: (Name and Address)					
	Commercial Bank					
800 Sh						
Birmin	gham Al 35209					
<u></u>						
4- MATAL CHILANON IO OTATI		THE ABOVE S		R FILING OFFICE USE		
1a. INITIAL FINANCING STATI				FINANCING STATEMENT A e filled (for record) (or record		
	Shelby County		RE/	AL ESTATE RECORDS.	·	
	ctiveness of the Financing Statement identified above					
CONTINUATION: Encontinued for the addition	ffectiveness of the Financing Statement identified ab onal period provided by applicable law.	ove with respect to security interest(s) of the Securi	ed Party autho	rizing this Continuation Stat	ement is	
. ASSIGNMENT (full or	pertial): Give name of assignee in item 7s or 7b and	address of assignee in item 7c; and also give name	of assignor in i	tem 9.		
	INFORMATION): This Amendment affects D	والمستاد		فتا بسائل سائل سنا السناء		
	اسیا ing three boxes <u>and</u> provide appropriate information in					
CHANGE name and/or a	address: Please refer to the detailed instructions he name/address of a party.	DELETE name: Give record name	MDD 1	name: Complete item 7a or 7	b, and also	
CURRENT RECORD INF		to be deleted in item 6a or 6b.		c: also complete items 7e-7o	(IT applicable).	
6a. ORGANIZATION'S NA		<del></del>	<del></del>	<del></del>	<del></del>	
_ Caldwell	Mill, LLP					
66. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX	
}						
. CHANGED (NEW) OR AD	DED INFORMATION:					
78. ORGANIZATION'S NA	ME	<del></del>	<del></del>	···	<del></del>	
R						
76. INDIVIDUAL'S LAST I	NAME	FIRST NAME	MIDDLE	MIDDLE NAME SUFFIX		
C. MAILING ADDRESS	<del></del>	CITY	STATE	POSTAL CODE	COUNTRY	
d. SEE INSTRUCTIONS	ADD'L INFO RE 70. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORG/	7g. ORGANIZATIONAL ID #, if any		
	ORGANIZATION DEBTOR				NONE	
. AMENDMENT (COLLAT	TERAL CHANGE): check only one box.					
•	ted or added, or give entire restated collate	eral description, or describe collateral assigned	<b>d</b> .			
Partial Re	elease:					
Lot 96-A,	according to the Resurve	y of 10ts 95 and 96 of	Caldwe1	1 Crossing, 2	2nd Secto	
	as recorded in Map Book 3			——————————————————————————————————————		
Alabama.	•					
		₩*				
			<b>*</b> *			
. NAME OF SECURED P	ARTY OF RECORD AUTHORIZING THIS AM	ENDMENT (name of assignor, if this is an Assignm	ent). If this is:	an Amendment authorized by	v a Debtor which	
	uthorizing Debtor, or if this is a Termination authorize					
9a. ORGANIZATION'S NA	ME					
. <u> </u>	ercial Bank					
96. INDIVIDUAL'S LAST N	IAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
O.OPTIONAL FILER REFERE						
Caldwell Mi	11					

Registré, Inc. 614 PIERCE ST. P.O. BOX 218