

	CC FINANCING			DMEN	T				
	LOW INSTRUCTION NAME & PHONE OF C								
В.	SEND ACKNOWLEDG	MENT TO: (Nan	ne and Address)	KN	/W				
	Suite 100								
		way Oaks D							
	0 0 0 5	3 2 0 4 7	<b>бі сн</b> 185886-1	A M P	ON	THE ABOVE S	SPACE IS FO	R FILING OFFICE US	SE ONI V
	INITIAL FINANCING STATE		Q1 b. D.				1b. This	FINANCING STATEME e filed [for record] (or rec	NT AMENDMENT is
	TERMINATION: Ef			ntified above is	terminated with respect	to security interest(s) of t	I RE	AL ESTATE RECORDS.	
3.	CONTINUATION:	Effectiveness of the	Financing Statement is					rizing this Continuation	
4	ASSIGNMENT (full)			70 or 7h and a				·· —	
5.	ASSIGNMENT (full AMENDMENT (PART)					n /c; and also give name ty of record. Check onl			<u> </u>
	Also check <u>one</u> of the follow	wing three boxes <u>an</u>	d provide appropriate in	formation in ite	ems 6 and/or 7.		) <u>9110</u> 01 111000	TOXOG.	
	in regards to changing th	ne name/address of a	to the detailed instruction party.	is .	DELETE name: Given to be deleted in item		ADDr alsoc	ame: Complete item 7a or omplete items 7e-7g (if app	7b, and also item 7c; licable).
O. 1	CURRENT RECORD IN 6a. ORGANIZATION'S N		· · · · · · · · · · · · · · · · · · ·	<del> </del>	· <u>" – – – – · · · , , , , , , , , , , , , , , , , , , , , , , , , , , ,</u>	······································		·	<del></del>
OR		··•	·						
•	6b. INDIVIDUAL'S LAST	STNAME			FIRST NAME		MIDDLE	MIDDLE NAME SUFI	
7. (	L CHANGED (NEW) OR A	DDED INFORMAT	ION <sup>.</sup>			· · · · · · · · · · · · · · · · · · ·			
	7a. ORGANIZATION'S N					· · · · · · · · · · · · · · · · · · ·		<del></del>	<del></del>
OR	7b. INDIVIDUAL'S LAST	NIABACT	<del></del>		Teresortanee				· · · · · · · · · · · · · · · · · · ·
	7 D. HADIVIDOAL S LAST	NAME			FIRST NAME		MIDDLE	NAME	SUFFIX
7c.	MAILING ADDRESS		····	<u> </u>	CITY	<u></u>	STATE	POSTAL CODE	COUNTRY
7-1	CECINCTOLIC	LADDY MICO DE							
7 a.	SEEINSTRUCTIONS	ORGANIZATION DEBTOR	7e. TYPE OF ORGAN	IZATION	7f. JURISDICTION OF	ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if an	у г
3. /	MENDMENT (COLLA		E): check only one box	<del></del>		······································		· · · · · · · · · · · · · · · · · · ·	NONE
C	escribe collateral del	eted or added,	or give entire rest	ated collateral	description, or describ	e collateral assigne	ed.		
									•
		<u>-</u> .							
а	IAME OF SECURED dds collateral or adds the	authorizing Debtor,	ORD AUTHORIZING	G THIS AMEI on authorized by	NDMENT (name of ass y a Debtor, check here	ignor, if this is an Assign and enter name of D	ment). If this is EBTOR autho	an Amendment authorize izing this Amendment.	d by a Debtor which
	9a. ORGANIZATION'S N. SPHS BANK OF	AME AMERICA	FSB c/o CPE	ENIDOT NUM	CREDIT				<u> </u>
)R			LUD C/O GRE		FIRST NAME	<del></del>	MIDDLE	NAME	SUFFIX
							}		
0.0	PTIONAL FILER REFERE	NCE DATA 00	053204761 C	'HAMPTON	02/04/05			X	

AL-Shelby County Probate Court

Debtor: FLOYD CHAMPION

	NAME & PHONE OF C			<del></del>	<del>- i</del>			
Corporation Service Company Suite 100 2730 Gateway Oaks Drive Sacramento, CA 95833  ### Part	. NAME & PRONE OF C	CNIACIAIFILI	ER [optional]					
Suite 100 2730 Gateway Oaks Drive Sacramento, CA 95833 185886-1 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE # 185886-1 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE # 994 - 36882 Date: 12/19/1994 B: P:    The Initial Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by applicable law.   ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 6.   AMENIOMENT (PARTY INFORMATION): This Amendment affects   Debtor of Secured Party of record Check only one of these two boxes.   Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.   CHANGE name and/or address. Please refer to the detailed instructions   DELETE name. Give record name   also complete tems 7a-7g/(rapplicable).   CHANGE CRITICAL STATION'S NAME   FIRST NAME   MIDDLE NAME   SUFFI   CHANGED (NEW) OR ADDED INFORMATION:   7a ORGANIZATION   7b INDIVIDUAL'S LAST NAME   MIDDLE NAME   SUFFI   OF INDIVIDUAL'S LAST NAME   FIRST NAME   MIDDLE NAME   SUFFI   OF INDIVIDUAL'S LAST NAME   FIRST NAME   MIDDLE NAME   SUFFI   OF INDIVIDUAL'S LAST NAME   FIRST NAME   MIDDLE NAME   SUFFI   OF INDIVIDUAL'S LAST NAME   FIRST NAME   MIDDLE NAME   SUFFI   OF INDIVIDUAL'S LAST NAME   FIRST NAME   MIDDLE NAME   SUFFI   OF INDIVIDUAL'S LAST NAME   FIRST NAME   MIDDLE NAME   SUFFI   OF INDIVIDUAL'S LAST NAME   FIRST NAME   MIDDLE NAME   SUFFI   OF INDIVIDUAL'S LAST NAME   FIRST NAME   MIDDLE NAME   SUFFI   OF INDIVIDUAL'S LAST NAME   FIRST NAME   MIDDLE NAME   SUFFI   OF INDIVIDUAL'S LAST NAME   FIRST NAME   MIDDLE NAME   SUFFI   OF INDIVIDUAL'S LAST NAME   FIRST NAME   MIDDLE NAME   SUFFI   OF INDIVIDUAL'S LAST NAME   FIRST NAME   MIDDLE NAME   SUFFI   SUF	SEND ACKNOWLEDG	MENT TO: (Nam	ne and Address)	KMW				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INITIAL FINANCING STATEMENT FILE #  994 - 36882 Date: 12/19/1994 B: P:  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by applicable law.  ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor or o	Suite 100							
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INITIAL FINANCING STATEMENT FILE #  15. This FINANCING STATEMENT AMENDM 1794 – 36882 Date: 12 / 19 / 1994 B: P:  1858   TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Tormination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Tormination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.  ASSIGNMENT (full or partial): Give name of assignes in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor gt   Secured Party of record. Check only gng of these two boxes.  ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor gt   Secured Party of record. Check only gng of these two boxes.  ASSIGNMENT (FORT) INFORMATION:  (CHANGE name and/or address. Please refer to the detailed instructions   Deleter name (ave record name to be deleted in ferm 6a or 6b.   Delete name (ave record name to be deleted in ferm 6a or 6b.   Delete name (ave record name to be deleted in ferm 6a or 6b.   Delete name (ave record name for a complete items 7a or 7g (flappicable).  CHANGED (NEW) or ADDED INFORMATION:  (First Name   MIDDLE NAME   SUFFI   POSTAL CODE   COUN   STATE   POSTAL CODE   COUN   COUNTY   STATE   POSTAL CODE   COUNTY   STATE   POSTAL CODE   COUNTY   STATE   POSTAL CODE   COUNTY		_						
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INITIAL FINANCING STATEMENT RILE#  994 – 36882 Date: 12/19/1994 B: P:  X TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued above w								
Ib. This FINANCING STATEMENT FILE # 994—36882 Date: 12/19/1994 B: P:   Ib. This FINANCING STATEMENT AMENDM 994—36882 Date: 12/19/1994 B: P:   Ib. This FINANCING STATEMENT AMENDM 994—36882 Date: 12/19/1994 B: P:   Ib. This FINANCING STATEMENT AMENDM 994—36882 Date: 12/19/1994 B: P:   Ib. This FINANCING STATEMENT AMENDM 994—36882 Date: 12/19/1994 B: P:   Ib. This FINANCING STATEMENT AMENDM 994—36882 Date: 12/19/1994 B: P:   Ib. This FINANCING STATEMENT AMENDM 994—36882 Date: 12/19/1994 B: P:   Ib. This FINANCING STATEMENT AMENDM 994—36882 Date: 12/19/1994 B: P:   Ib. This FINANCING STATEMENT AMENDM 994—36882 Date: 12/19/1994 B: P:   Ib. This FINANCING STATEMENT AMENDM 994—36882 Date: 12/19/1994 B: P:   Ib. This FINANCING STATEMENT AMENDM 994—36882 Date: 12/19/1994 District Amendment of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.    ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9.     AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor of   Secured Party of record. Check only one of these two boxes.     Also check and of the following three boxes and provide appropriate information in items 6 and/or 7.     CHANGEROE (Inchedit and Inchedit and Inchedi	<u> </u>		185886-1		THE ADOME O	. D. 4.0 E. 10. E.		
TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by applicable law.  ASSIGNMENT (full or partial): Give name of assignee in item 7 at 7 b and address of assignee in item 7c, and also give name of assignor in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party of record. Check only one of these two boxes.  Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name address of a party.  CURRENT RECORD INFORMATION:  Ga ORGANIZATION'S NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  SUFFI  ADDIL INFORE  To TYPE OF ORGANIZATION  DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.	INITIAL FINANCING STA	TEMENT FILE #			THE ABOVE S			
X TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.  ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9a address of assignee in item 7c, and also give name of assignor in item 9a address of assignee in item 7c, and also give name of assignor in item 9a address of assignee in item 7c, and also give name of assignor in item 9a address of assignee in item 5a and/or 7.  CHANGE name and/or address. Please refer to the detailed instructions in items 5 and/or 7.  CHANGE name and/or address. Please refer to the detailed instructions in terms 6 and/or 7.  CHANGE name and/or address. Please refer to the detailed instructions in terms 6 and/or 7.  CHANGE name and/or address. Please refer to the detailed instructions in terms 6 and/or 7.  CHANGE name and/or address. Please refer to the detailed instructions in terms 6 and/or 7.  CHANGE name and/or address. Please refer to the detailed instructions in terms 6 and/or 7.  CHANGE name and/or address. Please refer to the detailed instructions in terms 6 and/or 7.  CHANGE name and/or address. Please refer to the detailed instructions in terms 6 and/or 7.  CHANGE name and/or address. Please refer to the detailed instructions in terms 6 and/or 7.  CHANGE name and/or address. Please refer to the detailed instructions in terms 6 and/or 7.  CHANGE name and/or address. Please refer to the detailed instructions in terms 6 and/or 7.  CHANGE name and/or address. Please refer to the detailed instructions in terms 8 and/or 7.  CHANGE name and/or address. Please refer to the detailed instructions in terms 8 and/or 7.  CHANGE name and/or address. Please refer to the detailed instructions in	994-36882 Dat	e:12/19/19	94 B: P:			r to	be filed [for record] (or rec	
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Debt	X TERMINATION: E	fectiveness of the Fi	nancing Statement ident	ified above is terminated with r	espect to security interest(s) of t			ation Statement.
AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party of record Check only one of these two boxes.  Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.  CURRENT RECORD INFORMATION:  [5a ORGANIZATION'S NAME]  [6b INDIVIDUAL'S LAST NAME]  [7a. ORGANIZATION'S NAME]  [7b INDIVIDUAL'S LAST NAME]  [7b INDIVIDUAL'S LAST NAME]  [7c INDIVIDUAL'S LAST NAME]  [7c INDIVIDUAL'S LAST NAME]  [7c INDIVIDUAL'S LAST NAME]  [7d INDIVIDUAL'S LAS	CONTINUATION: continued for the addi	Effectiveness of the tional period provide	Financing Statement ided by applicable law.	entified above with respect to	security interest(s) of the Secu	red Party aut	norizing this Continuation	Statement is
AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party of record Check only one of these two boxes.  Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address. Please refer to the detailed instructions in regards to changing the name/address of a party.  CURRENT RECORD INFORMATION:  [5a ORGANIZATION'S NAME]  CHANGED (NEW) OR ADDED INFORMATION:  [7a ORGANIZATION'S NAME]  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFI  CHANGED (NEW) OR ADDED INFORMATION:  [7b INDIVIDUAL'S LAST NAME]  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFI  COUNTY  STATE POSTAL CODE  COUNTY  SEEINSTRUCTIONS  ADDI: INFO RE To. TYPE OF ORGANIZATION  ORGANIZATION ORGANIZATION  CORGANIZATION  AMENDMENT (COLLATERAL CHANGE): check only one box.	ASSIGNMENT (full	or partial): Give nan	ne of assignee in item 7	a or 7b and address of assigne	e in item 7c; and also give name	e of assignor i	n item 9.	
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.  DELETE name: Give record name in regards to changing the name/address of a party.  DELETE name: Give record name also complete items 7e-7g (frapplicable).  CURRENT RECORD INFORMATION:  6a ORGANIZATION'S NAME  6b INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  SUFFI  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  FIRST NAME  MIDDLE NAME  SUFFI  STATE POSTAL CODE  COUNTY  SEEINSTRUCTIONS  ADD'L INFO RE 7e. TYPE OF ORGANIZATION  ORGANIZATION OF ORGANIZATION OF ORGANIZATION OF ORGANIZATION  ORGANIZATIONAL ID #, if any  AMENDMENT (COLLATERAL CHANGE): check only ging box.								
Interpards to changing the name/address of a party.  It is be deleted in item 6a or 6b.  Interpards to changing the name/address of a party.  It is be deleted in item 6a or 6b.  Interpards to change thems 7e-7g (flapplicable).  Ba ORGANIZATION'S NAME  Bb INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFI  To INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  SUFFI  To INDIVIDUAL'S LAST NAME  MIDDLE NAME  SUFFI  CITY  STATE POSTAL CODE  COUNTY  SEE INSTRUCTIONS  ADD'L INFO RE ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.						, <del></del>		
CURRENT RECORD INFORMATION:    Sa ORGANIZATION'S NAME						ADE also	name: Complete item 7a or complete items 7e-7g (if app	7b, and also item 7d licable).
6b INDIVIDUAL'S LAST NAME   FIRST NAME   MIDDLE NAME   SUFFI  CHANGED (NEW) OR ADDED INFORMATION:  [7a. ORGANIZATION'S NAME    7b INDIVIDUAL'S LAST NAME   FIRST NAME   MIDDLE NAME   SUFFI  MAILING ADDRESS   CITY   STATE   POSTAL CODE   COUN  SEE INSTRUCTIONS   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   Tourney organization   Tourn								
CHANGED (NEW) OR ADDED INFORMATION:    Ta. ORGANIZATION'S NAME	6a ORGANIZATION'S N	NAME						
CHANGED (NEW) OR ADDED INFORMATION:    7a. ORGANIZATION'S NAME	66 INDIVIDUAL'S LAST	T NIA RAE		TEIDET NAME	· · · · · · · · · · · · · · · · · · ·	Taking (	- NIABATT	Lougen
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MIDDLE NAME  SUFFI  CITY  STATE POSTAL CODE  COUN  SEE INSTRUCTIONS  ADD'L INFO RE ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.	OD INDIVIDUAL S LASI	NAME		FIRSTNAME			MIDDLE NAME	
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MIDDLE NAME  SUFFI  CITY  STATE POSTAL CODE  COUN  SEE INSTRUCTIONS  ADD'L INFO RE ORGANIZATION OF ORGANIZATION OF ORGANIZATION OF ORGANIZATION ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.	CHANCED (NEW) OD 4		TON:				<del></del>	
FIRST NAME   FIRST NAME   MIDDLE NAME   SUFFICION	<u> </u>		IOIV.			<del> </del>		
FIRST NAME   FIRST NAME   MIDDLE NAME   SUFFICION								
SEEINSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.	7b INDIVIDUAL'S LAST	NAME	·	FIRST NAME		MIDDLE NAME		SUFFIX
SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.								
ORGANIZATION DEBTOR DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	MAILING ADDRESS	· · · · · · · · · · · · · · · · · · ·	W <b>-1-1</b>	CITY	······································	STATE	POSTAL CODE	COUNTRY
ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.	······································							
AMENDMENT (COLLATERAL CHANGE): check only one box.	SEE INSTRUCTIONS		•	ZATION 7f. JURISDICT	ION OF ORGANIZATION	7g. OR	GANIZATIONAL ID#, if an	у
lacksquare		DEBTOR						
Totaled control   Labert of Labert of Stockhol Legisles control acceptation of acceptation   Labert of Labert of Laboration of L				ited collateral description, or	describe collateral assigne	ed.		
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 Debto	NAME OF SECTIOED	PARTY OF DEC	ORD ALITHODIZING	THIS ANACHIDAACNIT /	a of appliance if this is so A is		in an Annander of the Control of the	- d b 5 - 1 6

FIRST NAME

Debtor: FLOYD

CHAMPION 02/04/05

CHAMPION

Corporation Service Company
2711 Centerville Rd, Ste. 10
Wilmington, DE 19808

SUFFIX

MIDDLE NAME

96 INDIVIDUAL'S LAST NAME

10. OPTIONAL FILER REFERENCE DATA 00053204761

AL-Shelby County Probate Court