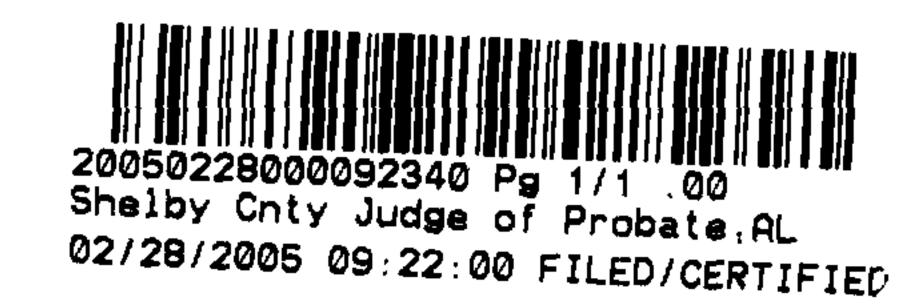
Sholby



UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
ALAGASCO #20 South 20th	57.		
B'Lam, AL 35295			
1a. INITIAL FINANCING STATEMENT FILE #	THE ABOVE S	1b. This FINANCING STATEMENT	
2003/357460		to be filed [for record] (or record REAL ESTATE RECORDS.	ed) in the
2. TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect to security interest(s) of th	e Secured Party authorizing this Terminatio	n Statement.
3. CONTINUATION: Effectiveness of the Financing 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.			
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	ddress of assignee in item 7c; and also give name	of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Deb		one of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in its		ma — [7] ADD namo: Camplete item 7a.	or 7h and also
CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)	in item 7c. to be deleted in item 6a or 6b.	me ADD name: Complete item 7a o item 7c; also complete items 7d	-7g (if applicable).
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME		<u></u> -	
OR 6b. INDIVIDUAL'S LAST NAME ,	FIRST NAME	MIDDLE NAME	TSUFFIX
Waremburg			
7. CHANGED (NEW) OR ADDED INFORMATION:	.70h		
7. CHANGED (NEW) OR ADDED INFORMATION. 7a. ORGANIZATION'S NAME			<u> </u>
OR			Tauran.
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
320 Chestnut Ln.	A labaster	AL 35007	USA
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	Пысыс
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			NONE
Describe collateral deleted or added, or give entire restated collateral	al description, or describe collateral assigned	d.	
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. ORGANIZATIONS NAME			
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10, OPTIONAL FILER REFERENCE DATA			