



ICC FINANCING STATEMENT AMENDMEN				
OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]				
SUSAN RIXEY				
3. SEND ACKNOWLEDGMENT TO: (Name and Address)				
COMPASS BANK				
4958 VALLEYDALE ROAD SUITE 101				
HOOVER, AL 35242-4614				
ì				
	THE ABOVE S	PACE IS FOR FILII	NG OFFICE USE (NLY
a. INITIAL FINANCING STATEMENT FILE #		1b. This FINAN	CING STATEMENT A	MENDMENT is
20040102000001510 20040102000001520		to be filed [1	or record] (or records)	ed) in the
TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to security interest(s) of th	e Secured Party autho	rizing this Termination	Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.	ove with respect to security interest(s) of the Secur	ed Party authorizing the	nis Continuation State	ement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and				<u> </u>
5. AMENDMENT (PARTY INFORMATION): This Amendment affects De	ebtor or Secured Party of record. Check only	one of these two box	es.	
Also check one of the following three boxes and provide appropriate information in		ame [T] ADD name	e: Complete item 7a d	or 7b. 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)	-	item 7c; al	so complete items 7d	-7g (if applicable).
6a. ORGANIZATION'S NAME				
H.P.H. PROPERTIES				
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
	t e	-		
7. CHANGED (NEW) OR ADDED INFORMATION:				
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7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE NAME		SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	FIRST NAME		AL CODE	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			AL CODE	
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME		STATE POST	AL CODE ONAL ID #, if any	
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	CITY	STATE POST		COUNTRY
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR	CITY	STATE POST		COUNTRY
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