


	C FINANCING STATEMENT AMENDMENT OW INSTRUCTIONS (front and back) CAREFULLY											
A. NAME & PHONE OF CONTACT AT FILER (optional) SIDLEY AUSTIN BROWN & WOOD LLP (CHICAGO)												
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)												
	Corporation Service Company											
	P.O. Box 2969											
	Springfield, IL 62708	1										
			THE ABOVE SPA	ACE IS FOR FIL	NG OFFICE USE ON	LY						
	TIAL FINANCING STATEMENT FILE # ST# 2001-426933 10-03-2001			1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.								
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interests(s) of the Secured Party authorizing this Termination 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 address of assignee in item 7c; and also give name of assignor in item 9.												
5. AMENDMENT (PARTY INFORMATION): This amendment affects Debtor or 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: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name to a DELETE name: Give record name to be deleted in item 6a or 6b. 7c; also complete items 7d-7g (if applicable).												
	RENT RECORD INFORMATION:											
	6a. ORGANIZATION'S NAME Houchens Industries, Inc.											
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		SUFFIX						
7. CHAI	HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME											
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME SUFFI		SUFFIX						
7c. MA	LING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY						
7d TAX	ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f ILIDISDICTI	ON OF ORGANIZATION	Za ORGANIZ	ATIONAL ID # if any	<u> </u>						
7 U. 17	ORGANIZATION DEBTOR	71. JUNISUICII	ON OF ORGANIZATION	7g. ORGANIZA	ATIONAL ID #, if any	NONE						
8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.												
TER	MINATION											
	E OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (nather the authorizing Debtor, or if this is a Termination authorized by a Debtor, check		this is an Assignment) If this is an Antername of DEBTOR authorizing t		orized by a Debtor wh	ich adds collateral						
or adds	9a. ORGANIZATION'S NAME		itel Hairie of DED FOR authorizing t	The Americanient.		<u> </u>						
OR	Firstar Bank, N.A., as Administrative Agent 9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		SUFFIX						
	OD. HADIAIDONE O ENOI IANIAE.	I II VOI INAIVIE		IAIIDDCE IAWINE								
10. OPTIONAL FILER REFERENCE DATA REAL ESTATE RECORDS OF SHELBY COUNTY, ALABAMA 310515-001 PXG												
FILING OFFICE COPY – NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)												