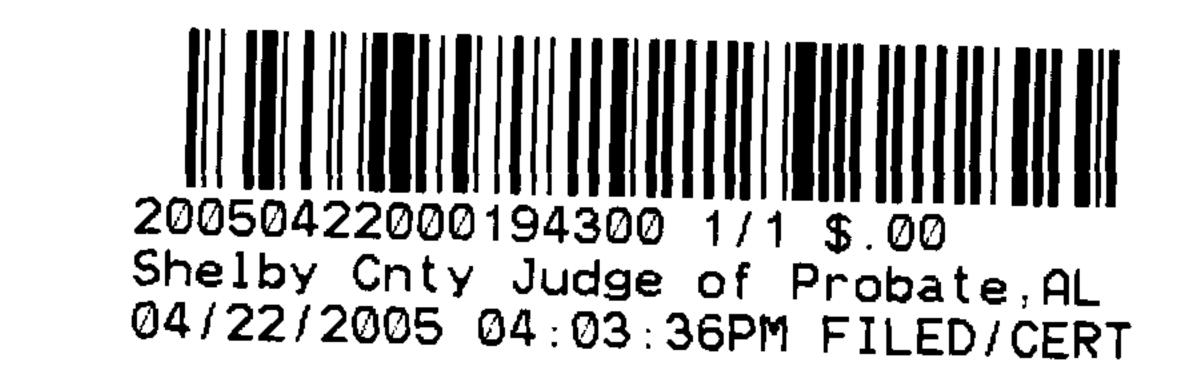
	e.						
August 1		 					
						·	
		 		-			



	C FINANCING LOW INSTRUCTIONS		ENT AMENDMEN CAREFULLY					
	NAME & PHONE OF C							
В. :	SEND ACKNOWLEDGN	/ENT TO: (Nam	e and Address)					
	FIRST NATIONAL P O BOX 977 106 EAST COLLE COLUMBIANA, A	GE STREET	ELBY COUNTY					
					THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	ONLY
	INITIAL FINANCING STAT		1 🖸				FINANCING STATEMENT e filed [for record] (or reco	
	SHELBY COUNTY INS		I O inancing Statement identified above i	is terminated with	respect to security interest(s) of th	REA	L ESTATE RECORDS.	
			Financing Statement identified above					
<u>.</u>	continued for the addit	ional period provid	ed by applicable law.	<u> </u>				
4.			me of assignee in item 7a or 7b and					
			): This Amendment affects Deb and provide appropriate information in			e of these tv	vo boxes.	
	CHANGE name and/or a	address: Give curre	ent record name in item 6a or 6b; als	o give new	DELETE name: Give record name	ΓŢΑDI	D name: Complete item 7a	or 7b, and also
6. C	CURRENT RECORD INF	····	nd/or new address (if address change	e) in item /c.	to be deleted in item 6a or 6b.	<u> </u>	n 7c; also complete items 7	d-/g (if applicable).
	6a. ORGANIZATION'S NA	ME						
OR	6b. INDIVIDUAL'S LAST	NAME	,	FIRST NAME		MIDDLE	NARE	SUFFIX
	REDDELL			MAURICE		IVIIDDEE	INMINE	SUFFIX
7. 0	CHANGED (NEW) OR A	DDED INFORM	ATION:			···		
	7a. ORGANIZATION'S NA			·				<del></del>
OR	7b. INDIVIDUAL'S LAST I	NASAC		I EIDOT NATAE				
	7D. HINDIVIDUAL S LAST I	IAYIAIC		FIRST NAME		MIDDLE	NAME	SUFFIX
7c. l	MAILING ADDRESS	<del></del>		CITY		STATE	POSTAL CODE	COUNTRY
7d.	TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTI	ON OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	XNONE
	MENDMENT (COLLAT							
C	escribe collateral del	eted or adde	ed, or give entire restated collate	ral description, or	describe collateral assigned.			
			ORD AUTHORIZING THIS AME or if this is a Termination authorized					by a Debtor which
	9a. ORGANIZATION'S NA					<del></del>		——————————————————————————————————————
OKI	FIRST NATIONAL BA		CUUNIY	I CIDOT ALATAC	<del></del>	1 A 2 1 Pm P	TAAAF	
	9b. INDIVIDUAL'S LAST	INA IVIE		FIRST NAME		MIDDLE	NAME	SUFFIX
10.	OPTIONAL FILER REFE	RENCE DATA						
<u> </u>								