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20050510000223800 1/1 \$.00 Shelby Cnty Judge of Probate, AL

	G STATEMENT AMENDMEN	17	-	2005 12:13:09PM FI	,	
A. NAME & PHONE OF (IS (front and back) CAREFULLY CONTACT AT FILER [optional] = (205)868-4839					
B. SEND ACKNOWLED	GMENT TO: (Name and Address)					
First Co	ommercial BAnk					
800 Shad	des Creek Parkway					
Birmingl	nam, Alabama 35209					
			-			
		THE	ABOVE SPACE IS	OR FILING OFFICE US	SE ONLY	
1a. INITIAL FINANCING STA	TEMENT FILE #			his FINANCING STATEME		
200409200005	15450 J.O.P. Shelby			be filed [for record] (or rec REAL ESTATE RECORDS.	orded) in the	
2 TERMINATION: E	ffectiveness of the Financing Statement identified above	is terminated with respect to security in				
3. CONTINUATION: continued for the add	Effectiveness of the Financing Statement identified about itional period provided by applicable law.	ove with respect to security interest(s)	of the Secured Party au	thorizing this Continuation S	Statement is	
4. ASSIGNMENT (full	or partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c: and als	o give name of assignor	in item 9.		
	Y INFORMATION): This Amendment affects De					
	owing three boxes <u>and</u> provide appropriate information in		Oncok omy <u>one</u> or thou			
CHANGE name and/o	r address: Please refer to the detailed instructions	DELETE name: Give record nar		D name: Complete item 7a	or 7b, and also	
6. CURRENT RECORD IN	the name/address of a party.	to be deleted in item 6a or 6b.	<u>iter</u>	n 7c: also complete items 7	e-7g (if applicable).	
6a. ORGANIZATION'S					<u></u>	
OR 6b. INDIVIDUAL'S LAS	TNAME	FIRST NAME	MIDDL	MIDDLE NAME		
Pearce		Kristy	1	W.		
7. CHANGED (NEW) OR A	DDED INFORMATION:					
7a. ORGANIZATION'S I	·	······································	······································			
76. INDIVIDUAL'S LAS	NAME	FIRST NAME	MIDDL	MIDDLE NAME		
7c. MAILING ADDRESS	······································	CITY	STATE	POSTAL CODE	COUNTRY	
7d. SEE INSTRUCTIONS	ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZA	TION 7g. OF	RGANIZATIONAL ID #, if any	<u> </u>	
ORGANIZATION DEBTOR				NONE		
R AMENDMENT (COLL	ATERAL CHANGE): check only one box.				INONE	
•	leted or added, or give entire restated collate	ral description or describe collateral	Caccioned			
Describe conateral Lue	neted of Ladded, of give entire Lifestated conate	rai description, or describe conateral	Lassigned.			
Termination:	20040920000515450					

9. NAME OF SECURED PARTY OF RECORD AUTH adds collateral or adds the authorizing Debtor, or if this is a	ORIZING THIS AMENDMENT (name of assignor, if this is a Termination authorized by a Debtor, check here and enter r		
9a. ORGANIZATION'S NAME First Commercial BAnk			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10.OPTIONAL FILER REFERENCE DATA Pearce, Kristy W.			