UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

18758

IMPORTANT — READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM — DO NOT DETACH STUB

			Ş	20050511000226700 Shelby Cnty Judge 05/11/2005 12:00:3	of Probate, AL
JCC FINANCING STATEN OLLOW INSTRUCTIONS (front and back		jŢ			
A. NAME & PHONE OF CONTACT AT FI	LER [optional]				
<u>Marilyn McCue 205-8</u> 3. SEND ACKNOWLEDGMENT TO: (Na					
First Commerca 800 Shades Cre Birmingham, A	eek Parkway				
a. INITIAL FINANCING STATEMENT FILE #		THE ABO	1b.	This FINANCING STATEM	ENT AMENDMENT
20040624000345590 JOP-Shelby				o be filed [for record] (or re REAL ESTATE RECORDS	
TERMINATION: Effectiveness of the F					
. CONTINUATION: Effectiveness of the continued for the additional period provides	e Financing Statement identified abouted by applicable law.	eve with respect to security interest(s) of the	Secured Party au	thorizing this Continuation	Statement is
. ASSIGNMENT (full or partial): Give na	ame of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give	name of assignor	in item 9.	· · · · · · · · · · · · · · · · · · ·
. AMENDMENT (PARTY INFORMATIO			ck only <u>one</u> of the	se two boxes.	
Also check <u>one</u> of the following three boxes <u>a</u> CHANGE name and/or address: Please	refer to the detailed instructions	DELETE name: Give record name		D name: Complete item 7: n 7c; also complete items	a or 7b, and also
in regards to changing the name/address CURRENT RECORD INFORMATION:	of a party.	to be deleted in item 6a or 6b.	ite	m 7c; also complete items	7e-7g (if applicable)
6a. ORGANIZATION'S NAME					
PR 66. INDIVIDUAL'S LAST NAME		FIRST NAME	I Mitotol	E NAME	SUFFIX
		John		W	JOHN
Farley . CHANGED (NEW) OR ADDED INFORMA	TION:				<u></u>
7a. ORGANIZATION'S NAME					
R 76. INDIVIDUAL'S LAST NAME		FIRST NAME	IMIDDI	E NAME	SUFFIX
c. MAILING ADDRESS		CITY	STATI	E POSTAL CODE	COUNTRY
ORGANIZATION	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7 g . Of	RGANIZATIONAL ID #, if a	ny
AMENDMENT (COLLATERAL CHANG	3E): check only one box				NO
Describe collateral deleted or added		al description, or describe collaterala	ssigned.		
Termination: 200					
NAME OF SECURED PARTY OF RECadds collateral or adds the authorizing Debtor 9a. ORGANIZATION'S NAME	or if this is a Termination authorized				ed by a Debtor which
NAME OF SECURED PARTY OF REC	or if this is a Termination authorized		e of DEBTOR aut		ed by a Debtor which