18408

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

UCC FINANCING STATEMENT AMENDMEN	1T		
A. NAME & PHONE OF CONTACT AT FILER (optional) Marilyn McCue (205)868-4839			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	- N-i - 17 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
First Commercial BAnk 800 Shades Creek Parkway Birmingham, Alabama 35209			
1a. INITIAL FINANCING STATEMENT FILE #	THE ABOVE	SPACE IS FOR FILING OFFIC 1b. This FINANCING STAT	
20040112000019660 J.O.P. She	21by	to be filed [for record] (
2. X TERMINATION: Effectiveness of the Financing Statement identified above is	s terminated with respect to security interest(s)		
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 Se	cured Party authorizing this Continua	tion Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give na	me of assignor in item 9	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects De			
Also check one of the following three boxes and provide appropriate information in in CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	items 6 and/or 7. DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete iter item 7c; also complete iter	m 7a or 7b, and also ms 7e-7g (if applicable).
Sterling Companies, LLC			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #,	
DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.			NON
Describe collateral deleted or added, or give entire restated collateral TErmination: 2004112000019660	al description, or describe collateral assig	ned.	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME	NDMENT (name of assignor, if this is an Assignor and enter name of	nment). If this is an Amendment auth DEBTOR authorizing this Amendmen	orized by a Debtor which nt.
First Commercial Bank			
First Commercial BAnk 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

(763) 421-1713