



Ann Moore  SEND ACKNOWLEDGMENT TO: (Name and Address)  Compass Bank 4958 Valleydale Road, Suite 101 Birmingham, Al. 35242  INITIAL FINANCING STATEMENT FILE # 2003 I 205000788520  TERMINATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.  ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and AMENDMENT (PARTY INFORMATION): This Amendment affects CHANGE name and/or address: Give current record name in item 6a or 6b; a name (if name change) in item 7a or 7b and/or new address (if address change current RECORD INFORMATION):  [6a. ORGANIZATION'S NAME Investment Associates, LLC [6b. INDIVIDUAL'S LAST NAME]	nd address of assignment of address of assignment of and/or 7.  also give new age) in item 7c.	respect to security interest(s) to security interest(s) of the S nee in item 7c; and also give n	of the Secured ecured Party a ame of assigno only one of the	uthorizing this Continuation r in item 9.	ent AMENDMENT is corded) in the nation Statement.  Statement is
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6h INDIVIDUAL'S LAST NAME	FIRST NAME		<del></del>		
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CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·	<del></del>	<del> <u></u></del>	<u></u>
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	FIRST NAME		LE NAME	SUFFIX
MAILING ADDRESS	CITY		STAT	E POSTAL CODE	COUNTRY
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDIC	TION OF ORGANIZATION	7g. O	RGANIZATIONAL ID #, if an	·
DEBTOR   AMENDMENT (COLLATERAL CHANGE): check only one box.				<del>,010-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1</del>	NONE
Describe collateral deleted or added, or give entire restated collateration	ateral description, o	r describe collateral ass	igned.		
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ot 16, according to the Survey of Final Plat of The Mi	ixed Use Sub	division Inverness E	lighlands,	as recorded in Map	Book 34,
age 45, in the Probate Office of Shelby County, Alaba	ama.				
		** <del>***********************************</del>			<del> </del>
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	•	<del>-</del>	_		ed by a Debtor which
9a. ORGANIZATION'S NAME					
Compass Bank					
9b. INDIVIDUAL'S LAST NAME	FIRST NAM	E	MIDE	DLE NAME	SUFFIX
OPTIONAL FILER REFERENCE DATA		., <u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			