	5%		
UCC FINANCING STATEMENT A FOLLOW INSTRUCTIONS (front and back) CAREF		20050609000282650 1/1 Shelby Cnty Judge of P 06/09/2005 02:21:51PM	\$.00
A. NAME & PHONE OF CONTACT AT FILER [option	onal]	06/09/2005 02:21:51PM F	ILED/CERT
B. SEND ACKNOWLEDGMENT TO: (Name and Ad	ddress)		
Magase			
1a. INITIAL FINANCING STATEMENT FILE #		THE ABOVE SPACE IS FOR FILING OFFICE  1b. This FINANCING STATEN	
2003-305	730	to be filed [for record] (or REAL ESTATE RECORDS	<u>S</u>
2. TERMINATION: Effectiveness of the Financing St 3. CONTINUATION: Effectiveness of the Financino	tatement identified above is terminated with respect to secur		
continued for the additional period provided by apple		si(3) of the occurred fairty authorizing this continuation	
4. ASSIGNMENT (full or partial): Give name of assignments.  5. AMENDMENT (PARTY INFORMATION): This Air	gnee in item 7a or 7b and address of assignee in item 7c; an		
Also check one of the following three boxes and provide a	appropriate information in items 6 and/or 7.		
CHANGE name and/or address: Give current record name (if name change) in item 7a or 7b and/or new a 6. CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME		e: Give record name ADD name: Complete ite ite ite ite ite ite ite ite ite	
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
E//15	Mary		
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS 180 Pales PL	CITY Pe/han	STATE POSTAL CODE  AL 35/2	COUNTRY
7d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPI ORGANIZATION DEBTOR	E OF ORGANIZATION 7f. JURISDICTION OF ORGAN	NIZATION 7g. ORGANIZATIONAL ID #, if	any NONE
8. AMENDMENT (COLLATERAL CHANGE): check			INCINE
Describe collateral deleted or added, or give	entire restated collateral description, or describe colla	eral assigned.	
9. NAME OF SECURED PARTY OF RECORD AU	JTHORIZING THIS AMENDMENT (name of assignor, in	this is an Assignment). If this is an Amendment author	rized by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is	s a Termination authorized by a Debtor, check here and		
9a. ORGANIZATION'S NAME			
OR 9b. INDIVIDUAL'S LASTINAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA