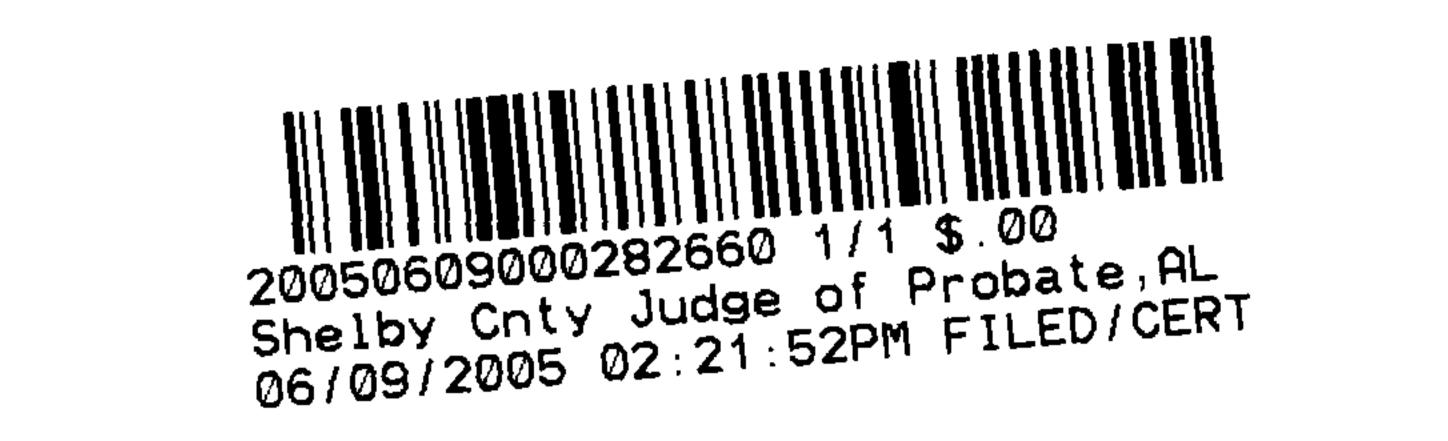
## UCC FINANCING STATEMENT AMENDMENT



FOLLOW INSTRUCTIONS (front and back) CAREFULLY	
A. NAME & PHONE OF CONTACT AT FILER [optional]	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
alagaseo	
1a. INITIAL FINANCING STATEMENT FILE#	

B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Magazio			
1a. INITIAL FINANCING STATEMENT FILE #	THE ABOVE	SPACE IS FOR FILING OFFICE I	
2000 - 16568		1b. This FINANCING STATEM to be filed [for record] (or record)	recorded) in the
2 TERMINIATION: Effectiveness of the Eineneine Statement identified above in		REAL ESTATE RECORDS	<u>S</u>
2. TERMINATION: Effectiveness of the Financing Statement identified above is			
3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	ve with respect to security interest(s) of the Secu	ured Party authorizing this Continuation	n Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a			
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Del		ly <u>one</u> of these two boxes.	
Also check one of the following three boxes and provide appropriate information in it.  CHANGE name and/or address: Give current record name in item 6a or 6b; also			<b>7</b> <del>7</del> '
CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)	DELETE name: Give record root in item 7c.  to be deleted in item 6a or 6b.		m /a or /b, and also ms 7d-7g (if applicable).
6. CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
OR Ch. INIDIVIDUALIC LACT NAME		·	
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Clayton	Davia		
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
OR			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
2339 Chanda brock Dr.	Re/ham	AL 3512	4
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	any
ORGANIZATION DEBTOR			NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			INCINE
	al description, or describe collateral Descion	and and	
Describe condicing [ ] deleted of [ ] added, of give entire [ ] restated conditions	al description, or describe collateral assign	eu.	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	ENDMENT (name of assignor, if this is an Assign	nment). If this is an Amendment author	ized by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized			
9a. ORGANIZATION'S NAME			<del></del>
allagano			
9b. INDIVIDUAL'S LAST MAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			