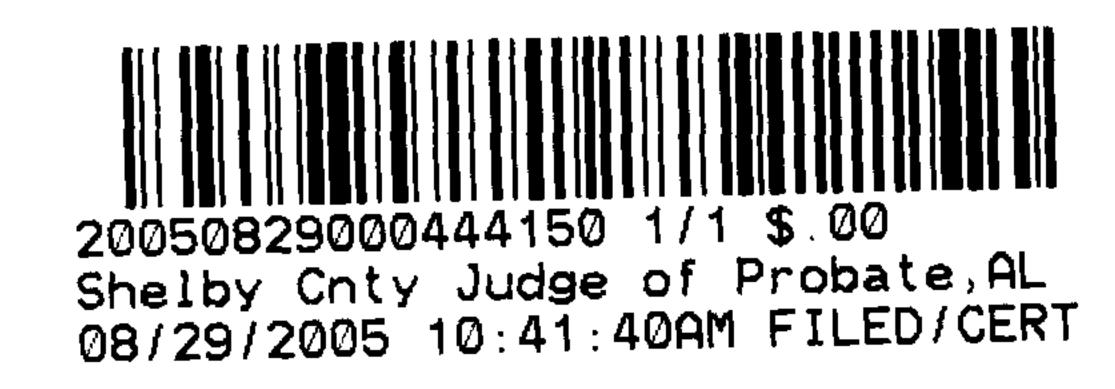
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LLOW INSTRUCTIONS (front and back) CAREFULLY . NAME & PHONE OF CONTACT AT FILER [optional]				
. SEND ACKNOWLEDGMENT TO: (Name and Address)				
CITIZENS TRUST BANK				
75 PIEDMONT AVENUE				
ATLANTA, GA. 30303				
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INITIAL FINANCING STATEMENT FILE #			FINANCING STATEMEN	
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X TERMINATION: Effectiveness of the Financing Statement identif	fied above is terminated with respect to security inter-			
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ASSIGNMENT (full or partial): Give name of assignee in item 7a	a or 7b and address of assignee in item 7c; and also	give name of assignor in ite	em 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affe	والمرابي والمناب والمراب والمسابق			
Also check one of the following three boxes and provide appropriate info				
CHANGE name and/or address: Give current record name in item 6 name (if name change) in item 7a or 7b and/or new address (if address)	Sa or 6b; also give new DELETE name: Give ress change) in item 7c. to be deleted in item		name: Complete item 7	a or 7b, and also
CURRENT RECORD INFORMATION:	COO ORGANICOTT TO.	Qa Oi Ob.	7c; also complete items	70-79 (II applica
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6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE N	AME	SUFFIX
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