



	C FINANCING STATEMENT AMENDMENT				
	LOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]				
•	Ann Moore				
В. S	SEND ACKNOWLEDGMENT TO: (Name and Address)				
	Compass Bank				
	4958 Valleydale Road. Suite 101				
	Birmingham, Al. 35242				
		THE ABOVE SPA	CF IS FO	R FILING OFFICE USE C	DNI Y
1a. l	NITIAL FINANCING STATEMENT FILE #		·	FINANCING STATEMENT A	
•	20031205000788520			e filed (for record) (or recorde	ed) in the
2.	TERMINATION: Effectiveness of the Financing Statement identified above is t	terminated with respect to security interest(s) of the S		ومريا والمحار البارين في والمحار	Statement
		<u>بى چى ئەسىدىن ئېرى ئۇرلىڭ ئىنىڭ ئىرى ئىرى ئىرى ئىرى ئىرى ئىرى ئىرى ئى</u>			
J. [CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	with respect to security interest(s) of the Secureur	raity autili	onzing this Continuation State	ementis
4.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and ad	dress of assignee in item 7c; and also give name of a	esignor in	item Q	
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	AMENDMENT (PARTY INFORMATION): This Amendment affects Debter loss check one of the following three boxes and provide appropriate information in items.		g or these i	wo boxes.	
	CHANGE name and/or address: Give current record name in item 6a or 6b; also		/ AD	D name: Complete item 7a o	r 7h, and also
	name (if name change) in item 7a or 7b and/or new address (if address change) in	n item 7c. to be deleted in item 6a or 6b.	ite	m 7c; also complete items 7d-	7g (if applicable).
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME					
Investment Associates, LLC					
OR					
	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
					
7. (CHANGED (NEW) OR ADDED INFORMATION:				
	7a. ORGANIZATION'S NAME				
OR					
OK	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
7c. N	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
7d.		7f. JURISDICTION OF ORGANIZATION	7g. ORG	NIZATIONAL ID #, if any	
	ORGANIZATION ' DEBTOR				[
8 4	MENDMENT (COLLATERAL CHANGE): check only one box.				NONE
	escribe collateral deleted or added, or give entire restated collateral	description or describe calletoral languages			
J	deleted of Ladded, of give entire prestated collateral	description, or describe conateral passigned.			
PA	ARTIAL				
• •					
Lo	ot 47, according to the Survey of Final Plat of The Mixed	l Use Subdivision Inverness Highlan	nds as	recorded in Man Ro	ok 34
	ge 45 A & B, in the Probate Office of Shelby County, A		iido, ao	recorded in Map 150	OK JT,
9. N	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEN	NDMENT (name of assignor, if this is an Assignment). If this is	an Amendment authorized by	a Debtor which
a	dds collateral or adds the authorizing Debtor, or if this is a Termination authorized by	a Debtor, check here and enter name of DEBT	OR author	rizing this Amendment.	
	9a. ORGANIZATION'S NAME		<u></u>		<u> </u>
~_	Compass Bank				
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
10.C	PTIONAL FILER REFERENCE DATA			مدموه و و و و و و و و و و و و و و و و و و	