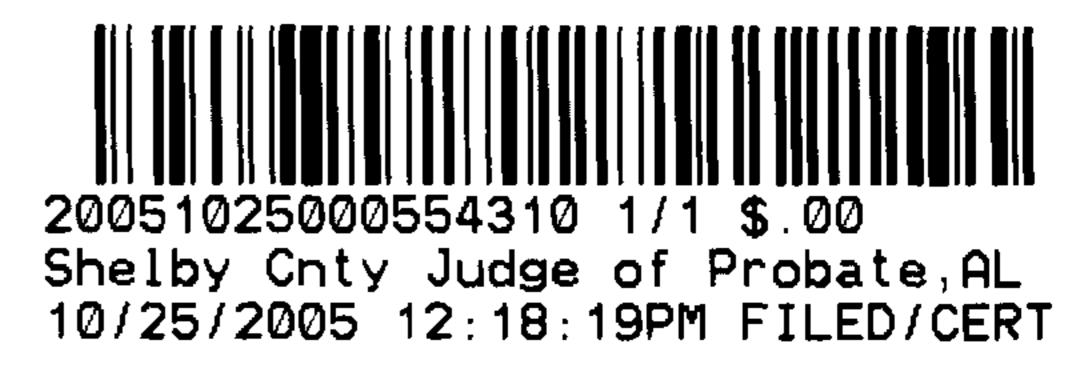
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| | C FINANCING | | ENT AMENDMEN CAREFULLY | | | |
|----------|---|------------------------|--|--|-------------------------------------|---|
| | NAME & PHONE OF C | | | | | |
| J | JERALYN CHASI | AIN 2056 | 653323 | | | |
| В. | SEND ACKNOWLEDGI | MENT TO: (Nam | ne and Address) | | | |
| | | | | | | |
| | THE PEC | PLES BAN | K AND TRUST CO. | | | |
| | 835 MAI | N STREET | | | | |
| | MONTEVA | LLO, AL | 35115 | | | |
| | | | | | | |
| | | | | THE ABO | /E SPACE IS FOR FILING O | FFICE USE ONLY |
| 1 a. | INITIAL FINANCING STAT | TEMENT FILE # | | | | STATEMENT AMENDMENT is |
| | 2000-36276 | | Filed On: 10/ | 19/00 | REAL ESTATE RE | cord] (or recorded) in the CORDS. |
| 2. | TERMINATION: Eff | ectiveness of the F | inancing Statement identified above | is terminated with respect to security interest | t(s) of the Secured Party authoriz | ing this Termination Statement. |
| 3.[| CONTINUATION: E continued for the addit | | | e with respect to security interest(s) of the Se | ecured Party authorizing this Cor | itinuation Statement is |
| 4. | ASSIGNMENT (full | or partial): Give na | ame of assignee in item 7a or 7b and | address of assignee in item 7c; and also give | name of assignor in item 9. | |
| 5. | AMENDMENT (PARTY | INFORMATION |): This Amendment affects Del | otor or Secured Party of record. Check | only <u>one</u> of these two boxes. | |
| | | _ | and provide appropriate information i | | d ===== | |
| | name (if name change) | in item 7a or 7b a | ent record name in item 6a or 6b; als nd/or new address (if address chang | so give new DELETE name: Give record e) in item 7c. <u>to be deleted in item 6a or</u> | | plete item 7a or 7b, and also nplete items 7d-7g (if applicable). |
| 6. (| CURRENT RECORD INI 6a. ORGANIZATION'S N. | | | | | |
| | | | | | | |
| OR | 6b. INDIVIDUAL'S LAST | NAME | | FIRST NAME | MIDDLE NAME | SUFFIX |
| | DAVIS | | | DENNIS | W | |
| 7. (| CHANGED (NEW) OR | ADDED INFORM | IATION: | | | |
| | 7a. ORGANIZATION'S N. | AME | | | | |
| OR | 7b. INDIVIDUAL'S LAST | BIABAC | | TOOT NAME | | |
| | 70. INDIVIDUAL 3 LAST | IVAIVIE | | FIRST NAME | MIDDLE NAME | SUFFIX |
| 7c. | MAILING ADDRESS | <u> </u> | | CITY | STATE POSTAL CO | ODE COUNTRY |
| | | | | | 0000 | |
| 7d. | TAX ID #: SSN OR EIN | 1 | 7e. TYPE OF ORGANIZATION | 7f. JURISDICTION OF ORGANIZATION | 7g. ORGANIZATIONAL | • |
| | | ORGANIZATION DEBTOR | | | | NONE |
| 8. / | AMENDMENT (COLLA | TERAL CHANGE |): check only <u>one</u> box. | | | |
| Ċ | Describe collateral del | leted or adde | ed, or give entire restated collate | eral description, or describe collateral ass | igned. | |
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| | | | | | | |
| ^ ^ | |) A DTV/ | | | | |
| | | | | NDMENT (name of assignor, if this is an As by a Debtor, check here —————————————————————————————————— | | |
| | 9a. ORGANIZATION'S NA | | | | | |
| <u> </u> | | ES BANK | AND TRUST CO. | | | |
| OR | 9b. INDIVIDUAL'S LAST | NAME | · · · · · · · · · · · · · · · · · · · | FIRST NAME | MIDDLE NAME | SUFFIX |
| | | | | | | |
| 10. | OPTIONAL FILER REF | ERENCE DATA | | | | |