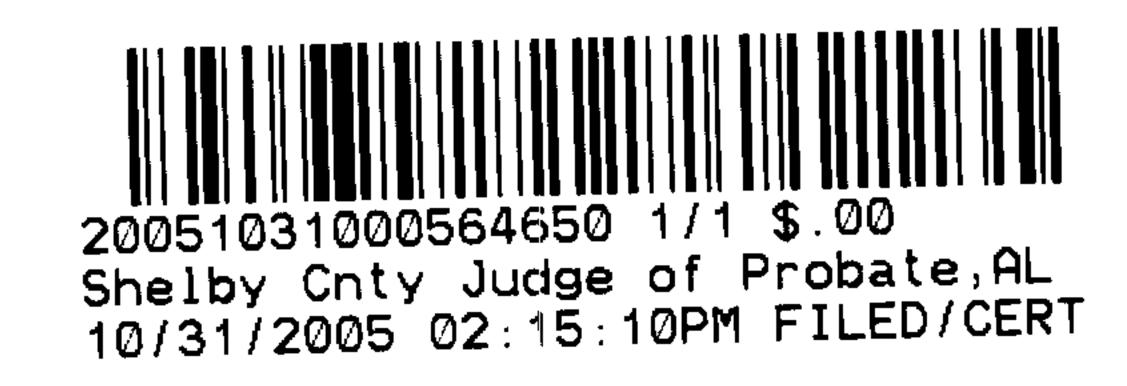
•		



	C FINANCING		ENT AMENDMEN CAREFULLY					
	NAME & PHONE OF C							
J	ERALYN CHAST	'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 ABOVE SPA	ACE IS FO	R FILING OFFICE USE C	NLY
1a.	INITIAL FINANCING STAT		_	<u>_</u>		1	FINANCING STATEMENT A	
·····	2001-19679	<u> </u>	Filed On: 05/					
2.	TERMINATION: Effe	ectiveness of the F	inancing Statement identified above	is terminated with r	espect to security interest(s) of the	ne Secured	Party authorizing this Termin	nation Statement.
3.[CONTINUATION: E continued for the addit	ffectiveness of the ional period provid	Financing Statement identified above ded by applicable law.	e with respect to se	curity interest(s) of the Secured	Party author	rizing this Continuation State	ement is
4.	ASSIGNMENT (full	or partial): Give na	ame of assignee in item 7a or 7b and	address of assigned	in item 7c; and also give name	of assignor	n item 9.	
5. /	AMENDMENT (PARTY	INFORMATION): This Amendment affects Deb	tor <u>or</u> Secure	d Party of record. Check only one	e of these to	vo boxes.	
<i>f</i>		_	and provide appropriate information in					
	name (if name change)	address: Give curre in item 7a or 7b a	ent record name in item 6a or 6b; also nd/or new address (if address change	o give new i) in item 7c. t	DELETE name: Give record name o be deleted in item 6a or 6b.		D name: Complete item 7a c n 7c; also complete items 7c	or 7b, and also d-7g (if applicable).
	URRENT RECORD INF							
	6a. ORGANIZATION'S NA	AME						
OR	6b. INDIVIDUAL'S LAST NAME			EIDCT NIABAC	······································	TANDOLE		
		IVAIVIE.		FIRST NAME		MIDDLE	NAME	SUFFIX
	BICE			LARRY			D	
	7a. ORGANIZATION'S NA		1ATION:		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
	7 d. 0110/1112/111014 0 14/	71VIC						
OR	7b. INDIVIDUAL'S LAST NAME			FIRST NAME	TEIRST NAME		NAME	SUFFIX
								JOFFIX
7c. N	MAILING ADDRESS			CITY	· · · · · · · · · · · · · · · · · · ·	STATE	POSTAL CODE	COUNTRY
							00000	
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR I				7f. JURISDICTIO	N OF ORGANIZATION	7a. ORG	ANIZATIONAL ID #, if any	
								[——]
8. A	MENDMENT (COLLAT	<u> </u>	E): check only one hox			· · · · · · · · · · · · · · · · · · ·		NONE
			ed, or give entire restated collate	ral decariation or d				
U	escribe conateral den	eted or adde	ed, or give entire restated collate	rai description, or d	escribe collateral assigned.			
			ORD AUTHORIZING THIS AME					by a Debtor which
_			or if this is a Termination authorized	by a Debtor, check	here and enter name of DE	BTOR auth	orizing this Amendment.	
	9a. ORGANIZATION'S NA		\			······································		
OR L	THE PEOPLES BANK AND TRUST CO.							
	9b. INDIVIDUAL'S LAST I	NAIVIE		FIRST NAME		MIDDLE N	IAME	SUFFIX
10. (OPTIONAL FILER REFE	RENCE DATA						