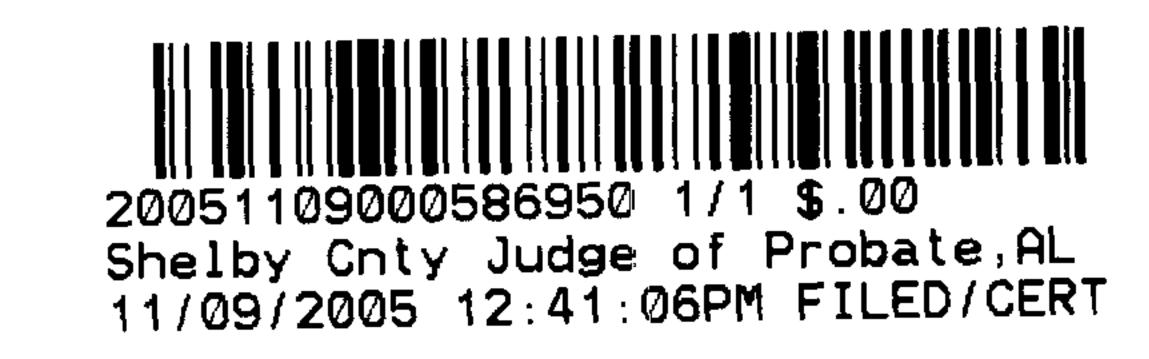
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| LOW INSTRUCTIONS NAME & PHONE OF CO | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------|---------------------------------|--------------------------------------------|------------------------------------------------------------|
| CENID ACKNOVAL EDC | MENIT TO: (Nome | o and Addrose) | | | | |
| SEND ACKNOW_EDGI | | e anu Address) | | | | |
| Compass Ba Attn: April | | | | | | |
| • | dale Road, S | Suite 101 | | | | |
| • | n, AL 35242 | | | | | |
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| | | | | JE AROVE SDAC | E IS FOR FILING OFFI | CE USE ONLY |
| INITIAL FINANCING STAT | EMENT FILE # | | | | 1b. This FINANCING STA | TEMENT AMENDMENT |
| 200502140000712 | | | | | to be filed [for record] REAL ESTATE RECO | (or recorded) in the DRDS. |
| / TERMINATION: Eff | ectiveness of the Fin | nancing Statement identified abo | ve is terminated with respect to security | interest(s) of the Se | | ······································ |
| CONTINUATION: 1 | Effectiveness of the | Financing Statement identified | above with respect to security interest(| (s) of the Secured P | arty authorizing this Contin | uation Statement is |
| continued for the addit | ional period provide | d by applicable law. | | | | |
| ASSIGNMENT (full of | or partial): Give nam | ne of assignee in item 7a or 7b | and address of assignee in item 7c; and | also give name of as | ssignor in item 9. | |
| AMENDMENT (PART) | (INFORMATION) |): This Amendment affects | Debtor or Secured Party of reco | rd. Check only one | of these two boxes. | |
| Also check <u>one</u> of the follow | ving three boxes and | d provide appropriate information | n in items 6 and/or 7. | | | . u = = = = = = = = = = = = = = = = = = |
| Thame (if name change) | address: Give curre in item 7a or 7b and | ent record name in item 6a or 6b d/or new address (if address cha | | Give record name item 6a or 6b. | item 7c; also comple | ete item 7a or 7b, and also ete items 7d-7g (if applica |
| CURRENT RECOFID IN | FORMATION: | | | | | |
| 6a. ORGANIZATICN'S N | | | | | | |
| Providence Fark | ŕ | .C. | Telesce Alabase | | MIDDLE NAME | SUFFIX |
| 6b. INDIVIDUAL'S LAST | NAME | | FIRST NAME | | INIDOLE INAINE | 301717 |
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| CHANGED (NEW) OR A 7a. ORGANIZATION'S N | | ION: | | | | |
| 7a. ORGANIZATION'S N | NAME | ION: | TEIRST NAME | | MIDDLE NAME | SUFFIX |
| · · · · · · · · · · · · · · · · · · · | NAME | ION: | FIRST NAME | | MIDDLE NAME | SUFFIX |
| 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S _AST | NAME | ION: | | | MIDDLE NAME STATE POSTAL CODE | |
| 7a. ORGANIZATION'S N | NAME | ION: | FIRST NAME CITY | | | |
| 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S _AST MAILING ADDRESS | NAME | | CITY | ZATION | | COUNTRY |
| 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S _AST | NAME ADD'L INFO RE ORGANIZATION | 7e. TYPE OF ORGANIZATION | CITY | ZATION | STATE POSTAL CODE | COUNTRY |
| 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S _AST MAILING ADDRESS TAX ID #: SSN OR EIN | NAME ADD'L INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION | CITY | ZATION | STATE POSTAL CODE | #, if any |
| 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S _AST MAILING ADDRESS TAX ID #: SSN OR EIN AMENDMENT (COLLA | NAME ADD'L INFO RE ORGANIZATION DEBTOR ATERAL CHANGE | 7e. TYPE OF ORGANIZATION E): check only one box. | CITY | | STATE POSTAL CODE | #, if any |
| 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S _AST MAILING ADDRESS TAX ID #: SSN OR EIN AMENDMENT (COLL/ Describe collateral | NAME ADD'L INFO RE ORGANIZATION DEBTOR ATERAL CHANGE added, PARTY OF REC authorizing Debtor, NAME | Te. TYPE OF ORGANIZATION E): check only one box. or give entire restated co | 7f. JURISDICTION OF ORGANIZ | ral assigned. | Ty. ORGANIZATIONAL ID | #, if any |