



UCC FINANCING STATEMENT AMENDMEN' FOLLOW INSTRUCTIONS (front and back) CAREFULLY					
A. NAME & PHONE OF CONTACT AT FILER [optional]  Ann Moore					
B. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Compass Bank 4958 Valleydale Road, Suite 101 Birmingham, Al. 35242					
	THE ABOVE CO		DEU ING AFFICE USE (	ONII V	
INITIAL FINANCING STATEMENT FILE#  20031205000788520			1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.		
2. TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect to security interest(s) of the			n Statement.	
3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	e with respect to security interest(s) of the Secure	ed Party autho	rizing this Continuation Stat	ement is	
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and ac	ddress of assignee in item 7c; and also give name	of assignor in	tem 9.		
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Deb	<del>(1)</del>	<u>റ്റ</u> െ of these t	wo boxes.		
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in item CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)  6. CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME	give new DELETE name: Give record na	me AD	D name: Complete item 7a on 7c; also complete items 7c	or 7b, and also I-7g (if applicable).	
Investment Associates, LLC					
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME					
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	MIDDLE NAME		
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ÖRG	ANIZATIONAL ID #, if any	NONE	
8. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collatera					
	description, or describe conlateral [assigned	•			
PARTIAL					
Lots 62, according to the Survey of Final Plat of The Mixe Page 45 A & B, in the Probate Office of Shelby County, A		nlands, as	recorded in Map B	ook 34,	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	NDMENT (name of assignor, if this is an Assignment	ent). If this is	an Amendment authorized b	v a Debtor which	
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized b	<u> </u>	•			
9a. ORGANIZATION'S NAME					
Compass Bank OR 96. INDIVIDUAL'S LAST NAME			<del></del>		
JOU. HADI VIDUMI. O EMO I IAMIVIE.	FIRST NAME	I WILLION E	NAME	INTERIA	
	FIRST NAME	MIDDLE	NAME	SUFFIX	