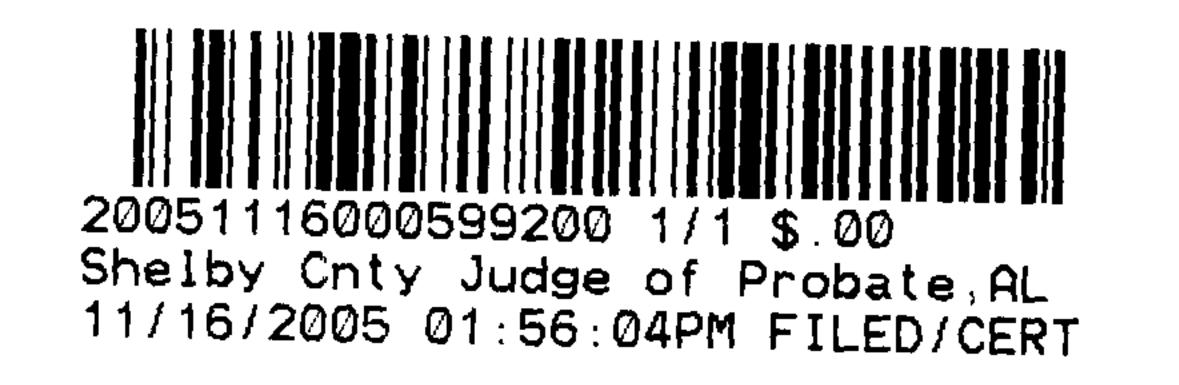
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	STATEMENT AMENDME	NT		
	(front and back) CAREFULLY ONTACT AT FILER [optional]			
	IN 205-298-6473			
	/ENT TO: (Name and Address)			
NEXITY	BANK			
3500 B	LUE LAKE DRIVE, SUITE 33	0		
BIRMING	GHAM, ALABAMA 35243			
ATTN:	JAYNE FRANKLIN			
A - INDITUAL FINIANIONIO OTATI		THE ABOVE SI	PACE IS FOR FILING OFFICE	
1a. INITIAL FINANCING STATE		/. ^	1b. This FINANCING STATEN  to be filed [for record] (or  REAL ESTATE RECORDS	
2 VITEDIAINHATIONI EE	200304290002626	البدكر سويطوه في المساحد المساول التي بالويان الويان المساول المساول المساول المواجع المساول المواجع المواجع ا - البدكر سويد الوجود المساحد المساول المواجع المواجع المساول المساول المواجع المواجع المواجع المواجع المواجع ا		
		e is terminated with respect to security interest(s) of the		
continued for the additic	nal period provided by applicable law.	bove with respect to security interest(s) of the Securi	ed Party authorizing this Continuation	III Statement 15
4. ASSIGNMENT (full of	partial): Give name of assignee in item 7a or 7b an	d address of assignee in item 7c; and also give name	of assignor in item 9.	
		Debtor or Secured Party of record. Check only		
	ing three boxes and provide appropriate information i			
CHANGE name and/or a	ddress: Give current record name in item 6a or 6b; a	also give new DELETE name: Give record na	me ADD name: Complete ite	em 7a or 7b, and also ems 7d-7a (if applicable)
6. CURRENT RECORD INFO	n item 7a or 7b and/or new address (if address chan ORMATION:	ge) in item /c. Libbe deleted in item da of ob.	L Truetti / C. atso complete ite	TIS TU-TU (II applicable)
6a. ORGANIZATION'S NA				
	N- THORNTON, LLC			
66. INDIVIDUAL'S LAST N	IAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR AD	DED INFORMATION:			
7a. ORGANIZATION'S NA	ME			
OR				
7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
		· · · · · · · · · · · · · · · · · · ·		
7c. MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY
<del>''</del>				
	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if	any <del></del>
	DEBTOR			NON
Describe collateraldele	eted oradded, or give entirerestated colla	teral description, or describe collateral assigned		
adds collateral or adds the a	uthorizing Debtor, or if this is a Termination authorized.  ME	MENDMENT (name of assignor, if this is an Assignment of DI and enter name of DI		
adds collateral or adds the a	uthorizing Debtor, or if this is a Termination authorized.  ME  BANK	•		
9a. ORGANIZATION'S NA	uthorizing Debtor, or if this is a Termination authorized.  ME  BANK	ed by a Debtor, check here and enter name of Di	EBTOR authorizing this Amendment	
9a. ORGANIZATION'S NA	uthorizing Debtor, or if this is a Termination authorized ME  BANK NAME	ed by a Debtor, check here and enter name of Di	EBTOR authorizing this Amendment	