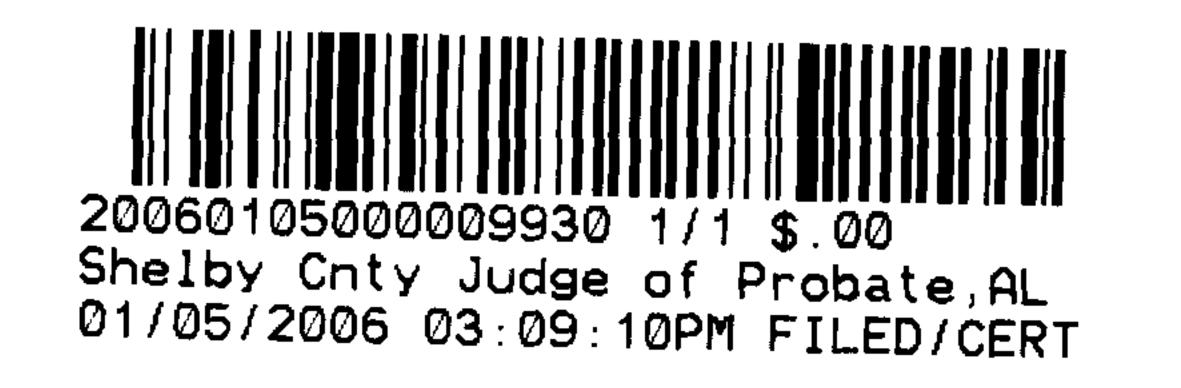
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UCC FINANCING STATEMEN	TAMENDMENT					
FOLLOW INSTRUCTIONS (front and back) CA						
A. NAME & PHONE OF CONTACT AT FILER [
Diligenz, Inc. 1-800-858-5294	,					
B. SEND ACKNOWLEDGMENT TO: (Name at	nd Address)					
16840357						
Prepared By:						
Diligenz, Inc.						
	A Chita 100					
6500 Harbour Heights Pkw	7y, Suite 400					
Mukilteo, WA 98275						
	Cile al les. Alede e ese	Chadha l				
	Filed In: Alabama					
10 INUTIAL CINIANICINIC STATEMENT OF #		THE ABO		FOR FILING OFFICE US		
1a. INITIAL FINANCING STATEMENT FILE # 20031009000679760 10/09/0	3			This FINANCING STATEME to be filed [for record] (or rec		
REAL ESTATE RECORDS. 2. X TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.						
3. CONTINUATION: Effectiveness of the Final continued for the additional period provided by		with respect to security interest(s) of the	Secured Party at	thorizing this Continuation	Statement is	
4. ASSIGNMENT (full or partial): Give name of						
5. AMENDMENT (PARTY INFORMATION): T			ck only <u>one</u> of the	se two boxes.		
Also check <u>one</u> of the following three boxes <u>and</u> pro		ns o and/or 7. DELETE name: Give record name	□ ΔΓ	Dname: Complete item 7a or	7h, and also item 7c:	
in regards to changing the name/address of a party		to be deleted in item 6a or 6b.	als	o complete items 7e-7g (if app	licable).	
6. CURRENT RECORD INFORMATION:		——————————————————————————————————————	····	· · · · · · · · · · · · · · · · · · ·		
6a. ORGANIZATION'S NAME American Investments LLC						
		<u> </u>	· · · · · · · · · · · · · · · · · · ·	:::::::		
66. 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		LE NAME	SUFFIX	
7c. MAILING ADDRESS		CITY	STAT	E POSTAL CODE	COUNTRY	
7d. SEEINSTRUCTIONS ADD'L INFO RE 7e ORGANIZATION	TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. O	7g. ORGANIZATIONAL ID #, if any		
DEBTOR					NONE	
8. AMENDMENT (COLLATERAL CHANGE):	check only <u>one</u> box.					
Describe collateral deleted or added, or	give entire restated collateral	description, or describe collateral	ssigned.			
9. NAME OF SECURED PARTY OF RECOR	D AUTHORIZING THIS AMEI	NDMENT (name of assignor, if this is an	Assignment). If th	is is an Amendment authoriz	ed by a Debtor which	
adds collateral or adds the authorizing Debtor, or if	this is a Termination authorized by	y a Debtor, check here and enter nam	ne of DEBTOR an	thorizing this Amendment.		
9a. ORGANIZATION'S NAME						
Amsouth Bank						
OR 9b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDD	LE NAME	SUFFIX	
10.OPTIONAL FILER REFERENCE DATA						
408315 - Shameka Allen - Am	erican Investments L	LC 820554 - 1289974	···-		16840357	