



OLLOW INSTRUCTIONS (front and back) CAREFULLY			
NAME & PHONE OF CONTACT AT FILER [optional]			
. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Compass Bank			
4958 Valleydale Road, Suite 101			
Birmingham, AL 35242			
	THE AE	BOVE SPACE IS FOR FILING OFFICE	USE ONLY
a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATE to be filed [for record] (or	
20050204000058840		to be filed [for record] (or REAL ESTATE RECORD	
TERMINATION: Effectiveness of the Financing Statement in	· · · · · · · · · · · · · · · · · · ·		
CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law		the Secured Party authorizing this Continuat	on Statement is
ASSIGNMENT (full or partial): Give name of assignee in ite		ive name of assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment			
Also check one of the following three boxes and provide appropriate			
CHANGE name and/or address: Give current record name in its name (if name change) in item 7a or 7b and/or new address (if	tem 6a or 6b: also give new		tem 7a or 7b, and also tems 7d-7g (if applicabl
CURRENT RECORD INFORMATION:	address change) in item 70.		
6a. ORGANIZATION'S NAME			
Thornton Construction Company, Inc.			
D		1.44551 - 1.4444	
CHANGED (NEW) OR ADDED INFORMATION:	FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE NAME	SUFFIX
. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS	FIRST NAME CITY	MIDDLE NAME STATE POSTAL CODE	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 2. MAILING ADDRESS	FIRST NAME CITY	MIDDLE NAME STATE POSTAL CODE	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGONGANIZATION DEBTOR . AMENDMENT (COLLATERAL CHANGE): check only one in the control of the control one in th	FIRST NAME CITY GANIZATION 7f. JURISDICTION OF ORGANIZATION box.	MIDDLE NAME STATE POSTAL CODE ON 7g. ORGANIZATIONAL ID #,	SUFFIX COUNTRY
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