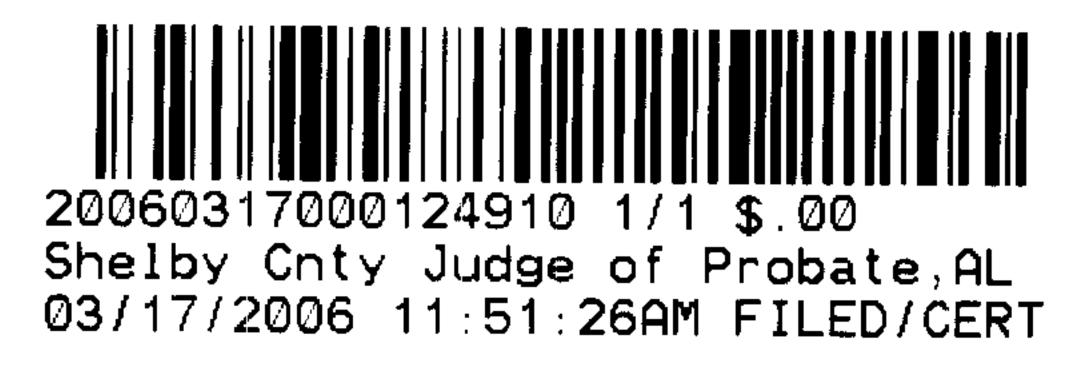
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JCC FINANCING STATEMENT AMENDMEN			
OLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
alagasio			
1a. INITIAL FINANCING STATEMENT FILE # $2004 - 467100$	IHE ABOVE S	1b. This FINANCING STATEMENT to be filed [for record] (or record REAL ESTATE RECORDS.	AMENDMENT is
2. TERMINATION: Effectiveness of the Financing Statement identified above it.  3. CONTINUATION: Effectiveness of the Financing Statement identified above.			
continued for the additional period provided by applicable law.	ove with respect to security interest(s) of the Securi	ed Faity authorizing this Continuation Stat	CINCIII IS
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Dealer of the following three boxes and provide appropriate information in		one of these two boxes.	
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)	DELETE name: Give record name) in item 7c to be deleted in item 6a or 6b.	ame ADD name: Complete item 7a item 7c; also complete items 7c	or 7b, and also d-7g (if applicable)
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			
OR 6b. INDIVIDUAL'S LAST NAME  A A A A A A A A A A A A A A A A A A A	FIRST NAME  //////////////	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME			
OR			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS 1239 Mavajo Tr/	CITY Alabaster	STATE POSTAL CODE  AL 35007	COUNTRY
7d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR   I	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	NON
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire restated collate	ral description, or describe collateral assigne	ed.	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM		•	y a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME	by a Debtor, check here and enter name of D	EBIOR authorizing this Amendment.	<del></del>
OR CLASSIANION SELECTION OR CONTRACTOR OR CO			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			