

20060324000139680 1/1 \$.00 Shelby Cnty Judge of Probate, AL 03/24/2006 03:48:46PM FILED/CERT

UCC FINANCING STATEMENT AMENDMENT

	OLLOW INSTRUCTIONS (front and back) CAREFULLY
	A. NAME & PHONE OF CONTACT AT FILER (optional)
	VICKI ANDERSON 205-665-3370
	B. SEND ACKNOWLEDGMENT TO: (Name and Address)
	THE PEOPLES BANK AND TRUST CO.
	4949 HIGHWAY 17
	HELENA, AL 35080
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	
1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the	1a. INITIAL FINANCING STATEMENT FILE #
	2001-00414 Filed On: 01/
hove is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.	2. TERMINATION: Effectiveness of the Financing Statement identified above
above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is	3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.
and address of assignee in item 7c; and also give name of assignor in item 9.	4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and
Debtor or Secured Party of record. Check only one of these two boxes.	5. AMENDMENT (PARTY INFORMATION): This Amendment affects Del
ion in items 6 and/or 7.	Also check one of the following three boxes and provide appropriate information i
	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
FIRST NAME SUFFIX	OR 66. INDIVIDUAL'S LAST NAME
M JOHN	HEBERT
	7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME OR
FIRST NAME SUFFIX	76. INDIVIDUAL'S LAST NAME
CITY STATE POSTAL CODE COUNTRY	7c. MAILING ADDRESS
00000	
7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any	7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION
	ORGANIZATION I DEBTOR
<u> </u>	
	8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.
ollateral description, or describe collateral assigned.	Describe collateral deleted or deleted or deleted added, or give entire restated collat
	ALANAS AS OFOLIDED DADTV AS DECODE ALIEUGOSTUG. TUG.
AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which brized by a Debtor hame of DEBTOR authorizing this Amendment.	
and enter hame of DED FOR authorizing this Americanient.	
	9a. ORGANIZATION'S NAME THE PEOPLES BANK AND TRUST CO.
	OR
FIRST NAME SUFFIX	9b. INDIVIDUAL'S LAST NAME
	10. OPTIONAL FILER REFERENCE DATA
Bankers Systems, Inc., St. Cloud, MN Form UC NT AMENDMENT (FORM UCC3) (REV. 07/29/98)	ILING OFFICE COPY NATIONAL UCC FINANCING STATEMENT