

CC FINANCING STATEMENT AMENDME			
LLOW INSTRUCTIONS (front and back) CAREFULLY			
NAME & PHONE OF CONTACT AT FILER [optional] onia Rivers 205-868-4845			
SEND ACKNOWLEDGMENT TO: (Name and Address)			
SEIND ACKNOVYLEDGIVILIA I O. (I WANTO WITH I WAT OUT)			
First Commercial Bank			
800 Shades Creek Parkway			
Birmingham, AL 35209			
	THE ABOVE S	PACE IS FOR FILING OFFICE U	SE ONLY
. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEME	NT AMENDMENT is
20050413000172780 Shelby County		to be filed [for record] (or re REAL ESTATE RECORDS.	Corded) in the
TERMINATION: Effectiveness of the Financing Statement identified about	ove is terminated with respect to security interest(s) of the	he Secured Party authorizing this Termi	nation Statement.
CONTINUIATION: Effectiveness of the Financing Statement identified	d above with respect to security interest(s) of the Secu	red Party authorizing this Continuation	Statement is
CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.			
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b	and address of assignee in item 7c; and also give name	e of assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record. Check only	y one of these two boxes.	
Also check one of the following three boxes and provide appropriate information	on in items 6 and/or 7.		- 7- au 7h and alco
CHANGE name and/or address: Give current record name in item 6a or 6 name (if name change) in item 7a or 7b and/or new address (if address ch	b; also give new DELETE name: Give record n	ame ADD name: Complete iten item 7c; also complete iter	n 7a or 7b, and also ns 7d-7g (if applicable
CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
Caldwell Mill, LLP			
R 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
. CHANGED (NEW) OR ADDED INFORMATION:			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
7a. ORGANIZATION'S NAME			
		MIDDLE NAME	SUFFIX
)R	FIRST NAME	MANDACE LALVANE	
7b. INDIVIDUAL'S LAST NAME			
7b. INDIVIDUAL'S LAST NAME		STATE POSTAL CODE	COUNTRY
7b. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
c. MAILING ADDRESS			
c. MAILING ADDRESS  ADD'L INFO RE 7e. TYPE OF ORGANIZATIO		STATE POSTAL CODE  7g. ORGANIZATIONAL ID #, if a	any
c. MAILING ADDRESS			any
C. MAILING ADDRESS  ADD'L INFO RE 7e. TYPE OF ORGANIZATIO ORGANIZATION DEBTOR  3. AMENDMENT (COLLATERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	any
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10. OPTIONAL FILER REFERENCE DATA

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