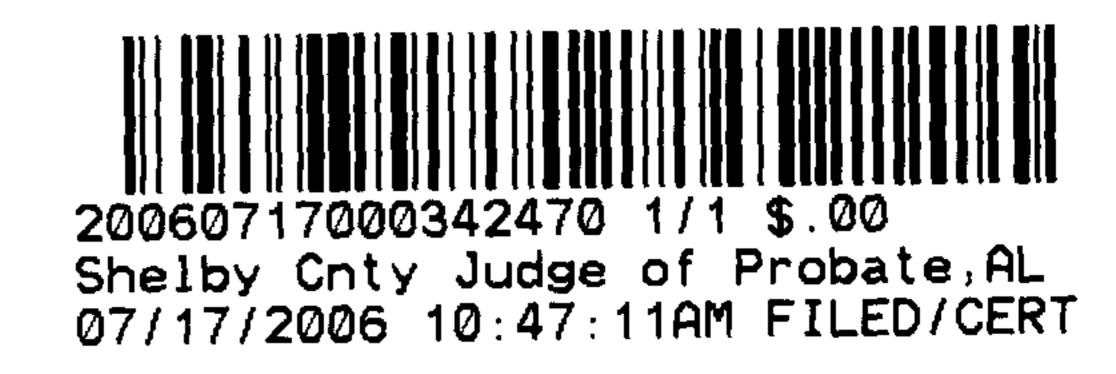
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	FINANCING STATEMENT AMENDMENT	T				
	OW INSTRUCTIONS (front and back) CAREFULLY					
A. NA	ME & PHONE OF CONTACT AT FILER [optional]					
	y S Adams (256)249-0341					
B. SE	ND ACKNOWLEDGMENT TO: (Name and Address)					
	Frontier Bank					
	P O Box 630					
	Sylacauga, AL 35150					
1a INI	TIAL FINANCING STATEMENT FILE #		THE ABOVE SPA		R FILING OFFICE USE OFFICE USE OFFICE USE	بصيبي سيست بسابية هيزيس بسواقتى
	st # 2000-39815			to b	e filed [for record] (or recorde	
2. 🗸	TERMINATION: Effectiveness of the Financing Statement identified above is t	terminated with res	pect to security interest(s) of the S	<u> </u>		n Statement.
	CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	with respect to s	ecurity interest(s) of the Secured	Party author	orizing this Continuation State	ement is
	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and ad	dress of assignee	in item 7c; and also give name of a	assignor in	item 9.	
			ed Party of record. Check only one	·		
	check one of the following three boxes and provide appropriate information in ite				-	i 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) in		DELETE name: Give record name to be deleted in item 6a or 6b.	iter	D name: Complete item 7a on 7c; also complete items 7d	or 7b, and also -7g (if applicable).
	RRENT RECORD INFORMATION: a. ORGANIZATION'S NAME					<u> </u>
)	CelleyCo, L.L.C.					
OR 6	DR 6b. INDIVIDUAL'S LAST NAME			MIDDLE	NAME	SUFFIX
	ANGED (NEW) OR ADDED INFORMATION:					
7	a. ORGANIZATION'S NAME					
OR 7	b. INDIVIDUAL'S LAST NAME	FIRST NAME	<u></u>	MIDDLE	NAME	SUFFIX
7c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
1603	8 Great Pine Road	Birminghai	·	AL	35235	
	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTIC	N OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	NONE
8. AN	IENDMENT (COLLATERAL CHANGE): check only one box.					
Des	cribe collateral deleted or added, or give entire restated collateral	description, or de	escribe collateral assigned.			
A 11	daletada agricumant vihathan navi avvead an hanaftan ac	aanimad imal	ading any and all assess		ttaalamaanta manta a	
	debtor's equipment, whether now owned or hereafter ac acements thereto. NOTICE: Pursuant to a negative pla	-	_ ,			
-	tor has agreed that it will not further encumber or grant	• •				
	sent of Secured Party.	-				
T 1			C . 1 11 . 1			
inci	usion of proceeds does not authorize debtor to sell or o	therwise disj	pose of the collateral.			
O NIA	ME of SECURED PARTY of RECORD AUTHORIZING THIS AME	NIDMENT (nome	of accionar if this is an Assignmen	t) If this is	an Amandment outhorized by	v a Dabtar which
	s collateral or adds the authorizing Debtor, or if this is a Termination authorized by					/ a Debiol William
- 1	a. ORGANIZATION'S NAME			<u>-</u>		
OPL	rontier National Bank Main Office	_ 				
) 91	o. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
10 OP	TIONAL FILER REFERENCE DATA					
	# 868000					