



Λ.	LOW INSTRUCTIONS (front and back) CAREFULLY				
^.	NAME & PHONE OF CONTACT AT FILER [optional] Ann Moore				
В.	SEND ACKNOWLEDGMENT TO: (Name and Address)				
	Compass Bank 4958 Valleydale Road, Suite 101 Birmingham, Alabama 35242				
		THE ABOVE	SPACEIS	OR FILING OFFICE US	EONLY
	INITIAL FINANCING STATEMENT FILE # 20050204000058840		•	his FINANCING STATEMEN be filed (for record) (or record) EAL ESTATE RECORDS.	
2.	TERMINATION: Effectiveness of the Financing Statement identified above i	s terminated with respect to security interest(s) of			
3.	CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.				
4.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c; and also give nam	e of assignor	in item 9.	
5. /	AMENDMENT (PARTY INFORMATION): This Amendment affects De		محمد مجمع مصدح بجد بالا		
	Also check one of the following three boxes and provide appropriate information in i	items 6 and/or 7.			
	CHANGE name and/or address: Give current record name in item 6a or 6b; als name (if name change) in item 7a or 7b and/or new address (if address change	DELETE name: Give record record record in item 7c		ADD name: Complete item 7 item 7 item 7c; also complete items	a or 7b, and also 7d-7g (if applicable)
6. (CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME				
	Thornton Construction Company, Inc.				
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDI	E NAME	SUFFIX
				T I ANGLES	SUPPIX
ΛB	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME				
	7 B. HADI VIDUAL 3 LAST NAIVIE	FIRST NAME	MIDDL	E NAME	SUFFIX
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	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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7c. l	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION		POSTAL CODE GANIZATIONAL ID #, if any	
7c. l	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR				COUNTRY
7c. /	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION	7g. OF		
7c. /	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. OF		
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