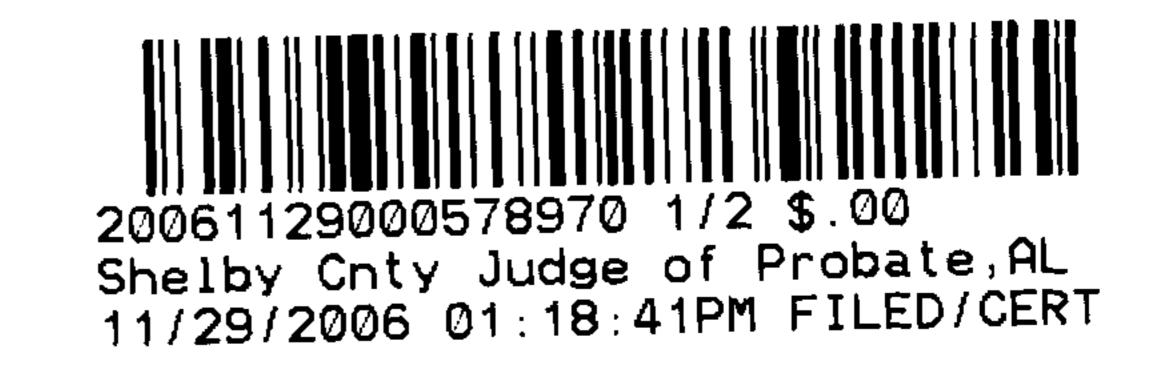
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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-3282 Fax (818) 662-4141

, JEITO MONTAUTE	EDGEMENT TO: (Name and	Mailing Address) 11467 W	ACHOVIA BANK					
] 				
I HCC F	irect Services	9766	3431					
	ox 29071							
	ale, CA 91209-9071	ALA						
1	10, 0101200		URE					
				THE A	BOVE SPACE	S FOR FILING OFFICE U	SE ONLY	
	ICING STATEMENT FILE 2 03/25/96 CC Al				1b. Thi X to t	s FINANCING STATEMEN be filed [for record] (or reco	NT AMENDMENT is orded) in the	
X TERMINA	TION: Effectiveness of th	e Financing Statement identified	d above is terminated w	ith respect to security interest(s	s) of the Secure	Party authorizing this Ter	mination Statement.	
CONTINU		e Financing Statement identified de by applicable law.	dabove with respect to	the security interest(s) of the S	ecured Party au	thorizing this Continuation	Statement is	
ASSIGNM	ENT (full or partial): Give	name of assignee in item 7a						
				ecured Party of record. Check of	nly <u>one</u> of these	e two boxes.		
CHANGE na	ame and/or address: Give curr	xes and provide appropriate ent record name in item 6a or 6 address (if address ch	b; also give new	DELETE name: Give recor to be deleted in item 6a or	- I I	ADD name: Complete iten item 7c; also complete iter		
6a. ORGANIZAT	CORD INFORMATION:							
6b. INDIVIDUAL	'S LAST NAME		FIRST NAME	<u> </u>	MIDDLE	MIDDLE NAME		
Lumpkin			Edwin		B.	B.		
CHANGED (NE	W) OR ADDED INFORMA	ATION:						
7a. ORGANIZAT	TION'S NAME							
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	MIDDLE NAME			
. MAILING ADDRE	SS		CITY		STATE	POSTAL CODE	COUNTRY	
. SEE INSTRUCTION	ON ADD'L INFO RE	7e. TYPE OF ORGANIZATIO	ON 7f. JURISDIC	TION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any		
	ORGANIZATION						NON	
A B = 444 & 4 75 P = 4 75 P =	DEBTOR		'		}		J 14014/	
•	·	:): check only one box.	collatoral description	or describe collateral as	sianod			
AMENDMENT (Describe collate	·		collateral description	, or describe collateral as	signed.			
NAME OF SEC	URED PARTY OF RECOFT adds the authorizing Debtor.		MENDMENT (name o	of assignor, if this is an Assignm	ent). If this is an	. Amendment authorized brizing this Amendment.		
NAME OF SECTION AND SECTION OF SECTION AND SECTION OF SECTION AND SECTION OF	URED PARTY OF RECOFT adds the authorizing Debtor.	ed, or give entire restated	MENDMENT (name orized by a Debtor, chec	of assignor, if this is an Assignmanck here and enter name of	ent). If this is an	Amendment authorized brizing this Amendment.		

UC FOI	C FINANCING STATEME LLOW INSTRUCTIONS (front an	NT AMENDMEN d back) CAREFULLY	IT ADDENDUM
	NITIAL FINANCING STATEMENT FIL		dment form)
199	96-09562 03/25/96 CC AL	Shelby	
12. N	NAME of PARTY AUTHORIZING THIS AMI	ENDMENT (same as item 9 on Ame	endment form)
\	12a. ORGANIZATION'S NAME Wachovia Bank, NA, as successor b	y merger to SOUTHTRUST BAI	NK of ALABAMA, NA
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
13.	Use this space for additional inform	ation	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

__ Description: For LEGAL DESCRIPTION please refer to original UCC filing #1996-09562, dated 03/25/1996.