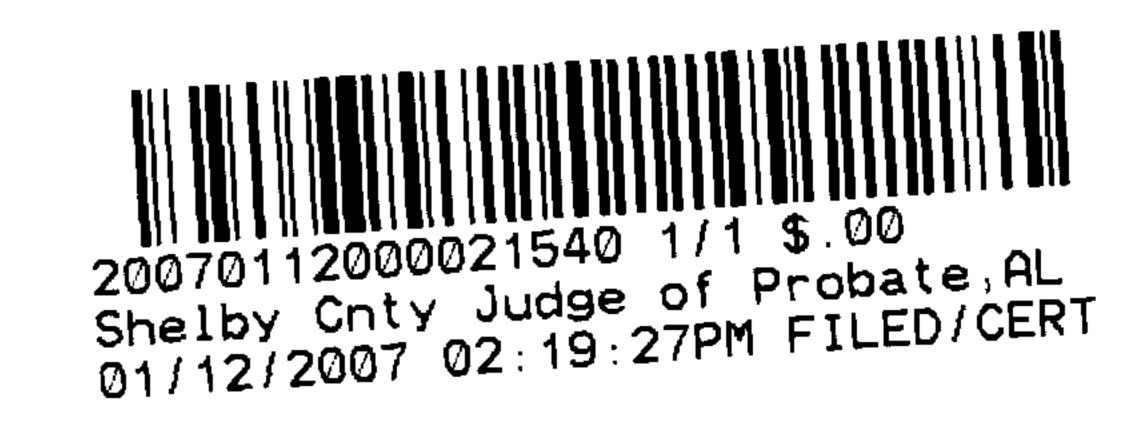
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JCC FINANCING STATEMENT AMENDME! FOLLOW INSTRUCTIONS (front and back) CAREFULLY	IT				
A. NAME & PHONE OF CONTACT AT FILER [optional]					
Sharon Kilgore (205) 313-8114					
B. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Attn: SHARON KILGORE					
Red Mountain Bank					
P. O. Box 381748 Birmingham, A.L. 35238					
Birmingham, AL 35238					
	THE ABOVE	SPACE IS F	OR FILING OFFICE US	E ONLY	
1a. INITIAL FINANCING STATEMENT FILE #		,	is FINANCING STATEMEN		
20060329000146520			be filed [for record] (or record).	oraea) in the	
2. TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to security interest(s) of	he Secured P	arty authorizing this Termina	tion Statement.	
3. CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law.	ove with respect to security interest(s) of the Secu	ired Party aut	horizing this Continuation S	tatement is	
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 i	n item 9.		
5. AMENDMENT (PARTY INFORMATION): This Amendment affects D	ebtor or Secured Party of record. Check onl	y <u>one</u> of these	two boxes.		
Also check one of the following three boxes and provide appropriate information in					
CHANGE name and/or address: Give current record name in item 6a or 6b; all name (if name change) in item 7a or 7b and/or new address (if address change)	e) in item 7c. DELETE name: Give record n		DD name: Complete item 7 em 7c; also complete items	'a or 7b, and also	
CURRENT RECORD INFORMATION:			citi ro, also complete items	rung (ii appiscable)	
6a. ORGANIZATION'S NAME					
David Acton Building Corporation					
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	MIDDLE NAME SUF		
CHANGED (NEW) OR ADDED INFORMATION:					
7a. ORGANIZATION'S NAME					
)R					
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
		······································			
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
			<u> </u>		
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any			
DEBTOR			NO		
. AMENDMENT (COLLATERAL CHANGE): check only one box.					
Describe collateral deleted or added, or give entire restated collate	eral description, or describe collateral assigned	∍d .			
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN adds collateral or adds the authorizing Debtor, or if this is a Termination authorized				by a Debtor which	
9a. ORGANIZATION'S NAME					
Red Mountain Bank					
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
OPTIONAL FILER REFERENCE DATA					
Loan #400063400/Shelby County JOP					