UCC FINANCING STATEMENT AMENDMEN			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]		20070302000094000 1/1 \$.00 Shelby Cnty Judge of Probat	4 _ ^ 1
B. SEND ACKNOWLEDGMENT TO: (Name and Address)		03/02/2007 08:47:36AM FILE	CE, HL)/CERT
Alagasco			
	THE ABOVE	SPACE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEMENT to be filed [for record] (or record	
2. X TERMINATION: Effectiveness of the Financing Statement identified above is			
3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	ve with respect to security interest(s) of the Secu	ured Party authorizing this Continuation Sta	atement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a			
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Del Also check one of the following three boxes and provide appropriate information in its		ly <u>one</u> of these two boxes.	
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)		· · · · · · · · · · · · · · · · · · ·	or 7b, and also d-7g (if applicable).
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	——————————————————————————————————————		
OR 6b. INDIVIDUAL'S LAST NAME ARMSTRONG	FIRST NAME (CM berl)	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	$\frac{35134}{7g. ORGANIZATIONAL ID #, if any}$	
ORGANIZATION DEBTOR			NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collater	ral description, or describe collateral assign	ned.	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM adds collateral or adds the authorizing Debtor, or if this is a Termination authorized			by a Debtor which
9a. ORGANIZATION'S NAME			
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			