



NAME & PHONE OF CONTACT AT FILER [optional]			
Cathy Padgett: 297-4293			
SEND ACKNOWLEDGMENT TO: (Name and Address)			
Compass Bank			
4958 Valleydale Road, Suite 101			
Birmingham, AL 35242			
	THE	ABOVE SPACE IS FOR FILING OFFICE US	
. INITIAL FINANCING STATEMENT FILE # 20050204000058830		1b. This FINANCING STATEMED to be filed [for record] (or record] REAL ESTATE RECORDS.	
	ted above to town to stad with soon out to populity into		
TERMINATION: Effectiveness of the Financing Statement identif			
CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law.	entified above with respect to security interest(s) of	r the Secured Party authorizing this Continuation	Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a	or 7b and address of assignee in item 7c: and also	give name of assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affective			
Also check one of the following three boxes and provide appropriate info		•	
CHANGE name and/or address: Give current record name in item 6 name (if name change) in item 7a or 7b and/or new address (if address)	a or 6b; also give new DELETE name: Givens change) in item 7c. to be deleted in item		
CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
Thornton Construction Company, Inc. and Hol	land Lakes, Inc.		_ · — · · · · · · · · · · · · · · ·
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:	······································		
7a. ORGANIZATION'S NAME			
R 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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70. INDIVIDUAL S LAST NAME			
		STATE POSTAL CODE	COUNTRY
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
	CITY		
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. MAILING ADDRESS I. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZ ORGANIZATION DEBTOR	CITY		y ———
. MAILING ADDRESS I. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZ ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	CITY ZATION 7f. JURISDICTION OF ORGANIZATI	ON 7g. ORGANIZATIONAL ID #, if an	y
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