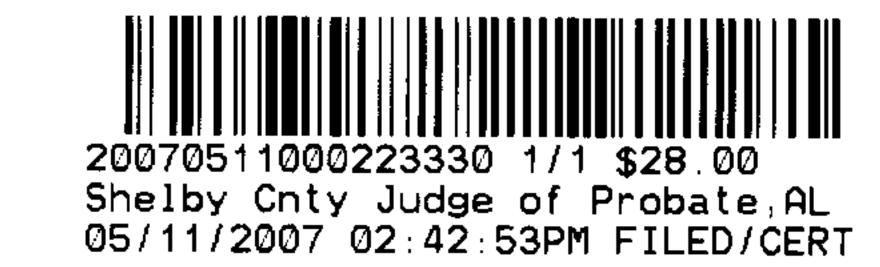
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NAME & PHONE OF CONTACT AT FILER [optional]					
SUSAN RIXEY 205-297-3083  SEND ACKNOWLEDGMENT TO: (Name and Address)					
` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `					
ICOMPASS BANK					
4958 VALLEYDALE ROAD					
SUITE 101 HOOVER, AL 35242-4614					
1100 v Dit, 11D 332-12-101-1					
. INITIAL FINANCING STATEMENT FILE #		THE ABOVE		OR FILING OFFICE USE S FINANCING STATEMENT	
20041013000566160			to t	oe filed [for record] (or record	
TERMINATION: Effectiveness of the Financing Statement identifie	ed above is ter	rminated with respect to security interest(s) of		AL ESTATE RECORDS.  rty authorizing this Termination	on Statement.
CONTINUATION: Effectiveness of the Financing Statement iden					
continued for the additional period provided by applicable law.			•		
ASSIGNMENT (full or partial): Give name of assignee in item 7a of	or 7b and addr	ress of assignee in item 7c; and also give nam	ne of assignor in	item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affect	ts Debtor	secured Party of record. Check or	ly <u>one</u> of these	two boxes.	
Also check one of the following three boxes and provide appropriate informations and provide appropriate informations and provide appropriate informations and provide appropriate information and provide appropriate informations.					
CHANGE name and/or address: Give current record name in item 6a name (if name change) in item 7a or 7b and/or new address (if address	n or 6b; also giv ss change) in i	ve new DELETE name: Give record to be deleted in item 6a or 6b		DD name: Complete item 7a m 7c; also complete items 7	or 7b, and also d-7g (if applicab
CURRENT RECORD INFORMATION:			_		
6a. ORGANIZATION'S NAME  D. LITTI CEV COMBANIVITIC					
B. HULSEY COMPANY, LLC  6b. INDIVIDUAL'S LAST NAME	1 -	CIDOT NIANAC	TANDDLE	NI A NA E	SUFFIX
TOU. INDIVIDUAL S LAST NAME	[	FIRST NAME	INIDDEE	MIDDLE NAME	
OUANOED ANEXO OD ADDED INFORMATION					
CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME			<del></del>		
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7b. INDIVIDUAL'S LAST NAME	F	FIRST NAME	MIDDLE	NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME	F	FIRST NAME	MIDDLE	NAME	SUFFIX
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7b. INDIVIDUAL'S LAST NAME					
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7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS	(	CITY	STATE	POSTAL CODE	COUNTRY
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