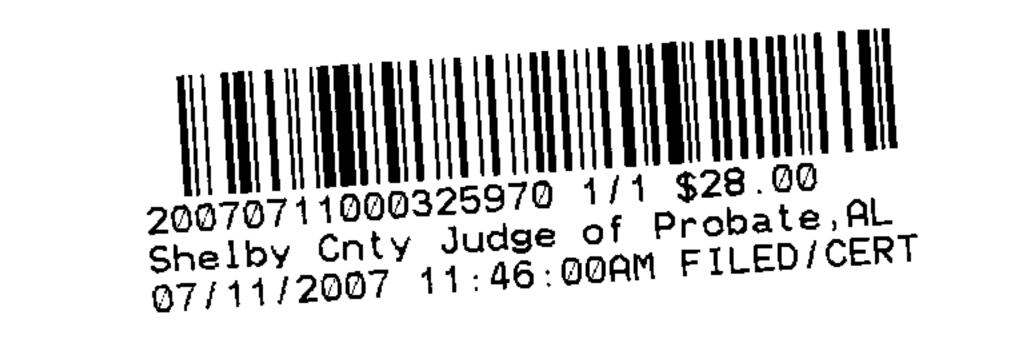
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OLLOW HAD INCOM	ONS (front and back) CAREFULLY			
A. NAME & PHONE (	OF CONTACT AT FILER [optional]			
Ann Moore				
B. SEND ACKNOWLE	EDGMENT TO: (Name and Address)	<del></del>		
	ss Bank alleydale Road, Suite 101 gham, Al. 35242			
a. INITIAL FINANCING	CTATEMENT EU E #	THE ABOVE SPA	ACE IS FOR FILING OFFICE USE O	
2001/50616	STATEMENT FILE#		to be filed [for record] (or records	
	* Effectiveness of the Einancine Statement identified above is	terminated with respect to security interest(s) of the	REAL ESTATE RECORDS.	Statement
	: Effectiveness of the Financing Statement identified above is			· · . · . · · · · · · · · · · · · ·
	N: Effectiveness of the Financing Statement identified above additional period provided by applicable law.	ve with respect to security interest(s) of the Secured	Party authorizing this Continuation State	ement is
		eddroen of anniance in Home 75, and also also assessed as	necianar in item O	
	(full or partial): Give name of assignee in item 7a or 7b and a			
·	RTY INFORMATION): This Amendment affects Debter following three boxes and provide appropriate information in it	otor <u>or</u> Secured Party of record. Check only <u>or</u>	<u>ie</u> of these two boxes.	
CHANGE name an	nd/or address: Give current record name in item 6a or 6b; also	give new DELETE name: Give record name	ADD name: Complete item 7a c	r 7b, and also
name (if name cha	inge) in item 7a or 7b and/or new address (if address change)		item 7c; also complete items 7d	7g (if applicable
6a. ORGANIZATION				
	Properties, Inc.			
R 6b. INDIVIDUAL'S L		FIRST NAME	MIDDLE NAME	SUFFIX
OD. HADIAIDONE O E				301117
	OR ADDED INFORMATION:			
7a. ORGANIZATION	1'S NAME			
R 75. INDIVIDUAL'S L	ACT NAME	FIRST NAME	MIDDLE NAME	Tenery
70. INDIVIDUALS L	AST NAME	FIRST MANIE	MIDDLE NAME	SUFFIX
111111111111111111111111111111111111111			OTATE DOOTAL OODE	COUNTRY
c. MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY
d. TAX ID #: SSN OR	EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	Пиом
	ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	NON
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