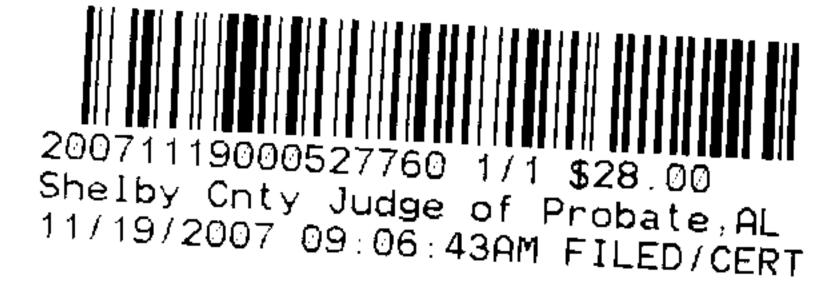
20071119000527 Shelby Cnty Ju 11/19/2007 09:



JCC FINANCING STATEMENT A			TELDICER!
OLLOW INSTRUCTIONS (front and back) CAREFL			
A. NAME & PHONE OF CONTACT AT FILER [option			. •
CSC Diligenz, Inc. 1-800-858-529			
B. SEND ACKNOWLEDGMENT TO: (Name and Add	ress)		
30245866			
Prepared By:			
CSC Diligenz, Inc.			
6500 Harbour Heights Pkwy, S	uite 400		
Mukilteo, WA 98275			
	iled In: Alabama Shelby		
	<u> </u>	SPACE IS FOR FILING OFFICE	LISE ONLY
a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATES	
20030110000020210 01/10/2003		to be filed [for record] (or REAL ESTATE RECORD	recorded) in the
TERMINATION: Effectiveness of the Financing Sta	tement identified above is terminated with respect to security interest(s) of		
CONTINUATION: Effectiveness of the Financing S	Statement identified above with respect to security interest(s) of the Se	cured Party authorizing this Continuation	on Statement is
continued for the additional period provided by applica			
ASSIGNMENT (full or partial): Give name of assign	ee in item 7a or 7b and address of assignee in item 7c; and also give na	me of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Am	endment affects Debtor <u>or</u> Secured Party of record. Check o	nly <u>one</u> of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide ap			
CHANGE name and/or address: Please refer to the detaile in regards to changing the name/address of a party.	dinstructions DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a also complete items 7e-7g (if a	or7b, and also item 7c; ipplicable).
CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
OR 65. INDIVIDUAL'S LAST NAME	FIRST NAME	TRAIDOLE NIARAE	CUERIX
MCKAY	JAMES	EDWARD	SUFFIX
	JAIVILO		
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
d. <u>SEEINSTRUCTIONS</u> ADD'L INFO RE 7e, TYPE	OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID#, if	any
ORGANIZATION ' DEBTOR I			NONE
3. AMENDMENT (COLLATERAL CHANGE): check or	nly one box.	· · · · · · · · · · · · · · · · · · ·	INCINE
·	tire restated collateral description, or describe collateral assignment	ined.	
	HORIZING THIS AMENDMENT (name of assignor, if this is an Assi		
	Termination authorized by a Debtor, check here and enter name of	DEBTOR authorizing this Amendment.	·
9a. ORGANIZATION'S NAME			
REGIONS BANK		· · · · · · · · · · · · · · · · · · ·	
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
OPTIONAL FILER REFERENCE DATA	10 T > 10		
01-0000788371-0001216381 11/09	/07 VS		30245866