OLLOW INSTRUCTIONS A. NAME & PHONE OF C	<u> </u>				
B. SEND ACKNOWLEDG	MENT TO: (Name	e and Address)		20080228000081820 Shelby Cnty Judge	1/1 \$.00 of Probate,AL
Alabama Pov Attn: Rod No P O Box 129	owlin			02/28/2008 01:30:4	41PM FILED/CER
Anniston, AL					
a. INITIAL FINANCING STAT	EMENT FILE #		THE AB	OVE SPACE IS FOR FILING OFFICE 1b. This FINANCING STATE	
	200	071221000575410 date	ed 12/21/2007	to be filed [for record] (o	
TERMINATION: Eff	ectiveness of the Fin	ancing Statement identified above is	terminated with respect to security interest	t(s) of the Secured Party authorizing this Te	
			e with respect to security interest(s) of the	e Secured Party authorizing this Continuat	ion Statement is
continued for the additi					<u>_</u>
	· · · · · · · · · · · · · · · · · · ·		iddress of assignee in item 7c; and also give		
		Land	otor or Secured Party of record. Che	eck only <u>one</u> of these two boxes.	
		l provide appropriate information in it nt record name in item 6a or 6b; also		ecord name	item 7a or 7b, and als
name (if name change)	in item 7a or 7b and	or new address (if address change)	in item 7c. to be deleted in item 6a		items 7d-7g (if applica
6a. ORGANIZATION'S N					
R 6b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME	SUFFIX
Greene					
Greene			James	E	
CHANGED (NEW) OR AL		ON:	James	E	
CHANGED (NEW) OR AL	AME	ON:	James FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR AI	AME	ON:			SUFFIX
CHANGED (NEW) OR ALTON'S NOT ALL TO BE TO THE TOTAL TO TH	NAME	ON:	FIRST NAME Rhonda CITY	MIDDLE NAME A STATE POSTAL CODE	COUNTR
CHANGED (NEW) OR ALTA TO TALLING ADDRESS 43781 Highway 2.5	NAME		FIRST NAME Rhonda CITY Vincent	MIDDLE NAME A STATE POSTAL CODE AL 35178	COUNTRY
CHANGED (NEW) OR ALTA TO THE TOTAL TO THE TO	NAME	ON: 7e. TYPE OF ORGANIZATION	FIRST NAME Rhonda CITY	MIDDLE NAME A STATE POSTAL CODE AL 35178	COUNTRY USA
CHANGED (NEW) OR ALTONIS NOT ALL TO ALL TAX ID #: SSN OR EIN CHANGED (NEW) OR ALTONIS NOT ALL TAX ID #: SSN OR EIN AMENDMENT (COLLAR	NAME ADD'L INFO RE ORGANIZATION DEBTOR TERAL CHANGE	7e. TYPE OF ORGANIZATION i): check only one box.	FIRST NAME Rhonda CITY Vincent 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME A STATE POSTAL CODE AL 35178 7g. ORGANIZATIONAL ID #, i	COUNTRY USA
CHANGED (NEW) OR ALTONIS NOT ALL TO ALL TAXID #: SSN OR EIN CHANGED (NEW) OR ALTONIS NOT ALL TAXID #: SSN OR EIN AMENDMENT (COLLAR)	NAME ADD'L INFO RE ORGANIZATION DEBTOR TERAL CHANGE	7e. TYPE OF ORGANIZATION i): check only one box.	FIRST NAME Rhonda CITY Vincent	MIDDLE NAME A STATE POSTAL CODE AL 35178 7g. ORGANIZATIONAL ID #, i	COUNTRY USA
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CHANGED (NEW) OR AN Ta. ORGANIZATION'S NOT TAX ID #: SSN OR EIN AMENDMENT (COLLA Describe collateral del del model # 4WCY403	NAME ADD'L INFO RE ORGANIZATION DEBTOR TERAL CHANGE eted or added, added, at pump 36A1000AA	7e. TYPE OF ORGANIZATION i): check only one box.	FIRST NAME Rhonda CITY Vincent 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME A STATE POSTAL CODE AL 35178 7g. ORGANIZATIONAL ID #, i	COUNTRY USA
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