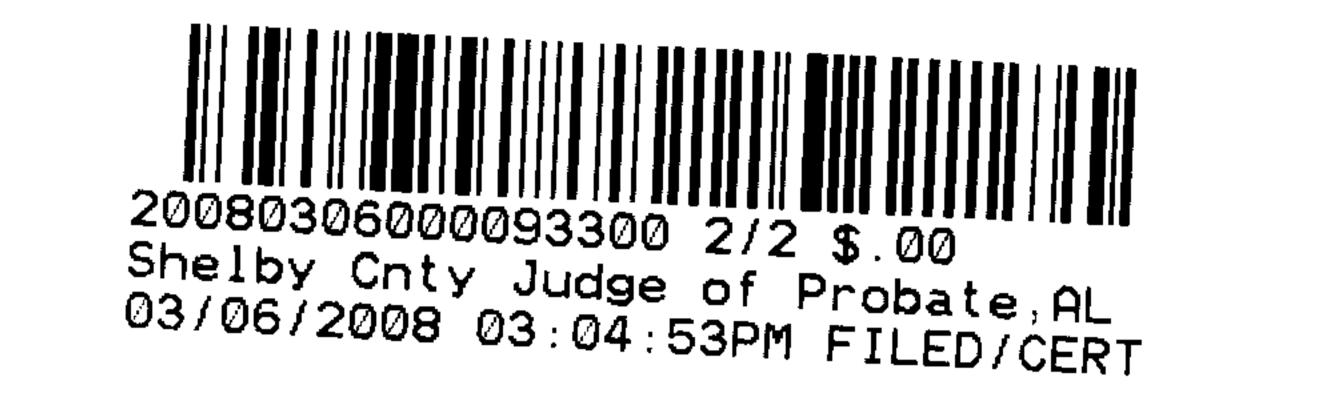
## UCC FINANCING STATEMENT AMENDMENT 200803060000093300 1/2 \$.00 Shelby Cnty Judge of Probate, AL FOLLOW INSTRUCTIONS (front and back) CAREFULLY 03/06/2008 03:04:53PM FILED/CERT A. NAME & PHONE OF CONTACT AT FILER [optional] 312-499-3051/312-499-3372 Loan Operations B. SEND ACKNOWLEDGMENT TO: (Name and Address) Merrill Lynch Business Financial 222 N. LaSalle Street 17TH FLOOR Chicago, IL 60601 AL, Shelby THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is 1a. INITIAL FINANCING STATEMENT FILE # to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. 2001-46272 10/26/2001 2. X TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law. 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. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable). CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name to be deleted in item 6a or 6b. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX FIRST NAME John H. Holcombe 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME SUFFIX MIDDLE NAME FIRST NAME 7b. INDIVIDUAL'S LAST NAME COUNTRY STATE POSTAL CODE CITY 7c. MAILING ADDRESS 7g. ORGANIZATIONAL ID #, if any 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION SSN OR EIN ADD'L INFO RE 7d. TAX ID #: **ORGANIZATION** NONE DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

|    |  | AUTHORIZING THIS AMENDMENT (name of assignor, if this is a Termination authorized by a Debtor, check here and entermination authorized by a Debtor, check here |                            |        |  |
|----|--|--|----------------------------|--------|--|
|    | 9a. ORGANIZATION'S NAME Merrill Lynch Business Financial Services Inc. |  |                            |        |  |
| OR | 9b. INDIVIDUAL'S LAST NAME   | FIRST NAME   | MIDDLE NAME                | SUFFIX |  |
|    | OPTIONAL FILER REFERENCE DATA 014124.  857168 Debtor:                  | LSCHROEDER ame: Holcombe, John H.  | HOLCOMBE HOME CENTER, INC. |        |  |



## UCC FINANCING STATEMENT AMENDMENT ADDENDUM!

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 2001-46272

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

12a. ORGANIZATION'S NAME

Merrill Lynch Business Financial Services Inc.

12b. INDIVIDUAL'S LAST NAME

ST NAME MIDDLE NAME, SUFFIX

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: 50 Wheat Street

Harpersville, AL 35078
Debtor Information:
Name: Holcombe, John H.

Address: 50 Wheat Street, Harpersville, AL 35078

Tax ID:
Org. Type:

Org. Jurisdiction:

Org. ID: