

7g. ORGANIZATIONAL ID #, if any

NONE

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]

CINDY HOLMES 205-868-4845 B. SEND ACKNOWLEDGMENT TO: (Name and Address) FIRST COMMERCIAL BANK 800 SHADES CREEK PARKWAY BIRMINGHAM, AL 35209 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. SHELBY COUNTY # 20070725000347370 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. 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. ADD name: Complete item 7a or 7b, and also DELETE name: Give record name item 7c; also complete items 7d-7g (if applicable). lo be deleted in item 6a or 6b. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX LAWTON RICHARD K 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME SUFFIX MIDDLE NAME FIRST NAME TARA LAWTON COUNTRY 7c. MAILING ADDRESS POSTAL CODE CITY STATE

	9a. ORGANIZATION'S NAME		=	·
OR	FIRST COMMERCIAL BANK			
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7f. JURISDICTION OF ORGANIZATION

7e. TYPE OF ORGANIZATION

Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

ADD'L INFO RE

ORGANIZATION

DEBTOR

8. AMENDMENT (COLLATERAL CHANGE): check only one box.