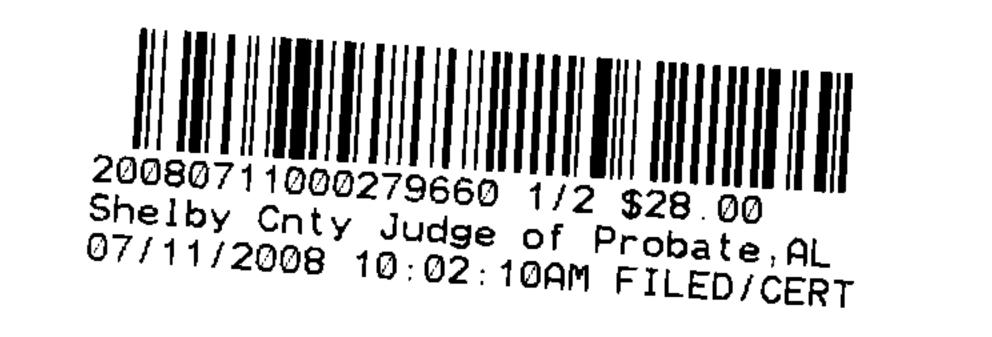
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	LOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]								
	san Rixey 205-297-3083								
B. S	END ACKNOWLEDGMENT TO: (Name and Address)								
	Compace Rank								
	Compass Bank 4958 Valleydale Road		•						
	Suite 101								
	Hoover, AL 35242-4614								
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				:	THE ABOV	E SPACE I	S FOF	R FILING OFFICE USE	ONLY
la. I	NITIAL FINANCING STATEMENT FILE #							FINANCING STATEMENT	
<u> </u>	See attached					✓		filed [for record] (or record LESTATE RECORDS.	ea) in the
2. [TERMINATION: Effectiveness of the Financing Statement identified ab	bove is terminated	d with res	pect to secu	rity interest(s)	of the Secure	d Party	authorizing this Terminatio	n Statement.
3.	CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.	ed above with res	pect to se	curity intere	est(s) of the Se	ecured Party	author	rizing this Continuation Stat	ement is
1.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b	and address of	essignee	n item 7c; a	nd also give na	ame of assign	nor in it	em 9.	
5. <i>F</i>	MENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or	Secure	d Party of re	cord. Check	only <u>one</u> of th	nese tv	vo boxes.	
	Iso check <u>one</u> of the following three boxes <u>and</u> provide appropriate information			\C\ CTC	():		- 405)	ou 7h and also
	CHANGE name and/or address: Give current record name in item 6a or 6i name (if name change) in item 7a or 7b and/or new address (if address ch	hange) in item 7c			ne: Give recor in item 6a or (name: Complete item 7a 7c; also complete items 7d	
	URRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME							· -· ·	
	Eddleman Homes, LLC								
<u> </u>	6b. INDIVIDUAL'S LAST NAME	FIRST	IAME		<u></u>	MID	DLE N	AME	SUFFIX
OB. INDIVIDUAL S LAST NAME.									
7. (HANGED (NEW) OR ADDED INFORMATION:			• ***					1
	7a. ORGANIZATION'S NAME								·····
,									
~ D			FIRST NAME			MIL	MIDDLE NAME		SUFFIX
OR	7b. INDIVIDUAL'S LAST NAME	FIRST	NAME						
OR	7b. INDIVIDUAL'S LAST NAME	FIRST	NAME						
	7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	CITY	NAME				ATE	POSTAL CODE	COUNTRY
7c. N	MAILING ADDRESS	CITY		NOE OBCA	NIZATION	STA	· <u>-</u>		COUNTRY
7c. N	MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	CITY		N OF ORGA	NIZATION	STA	· <u>-</u>	POSTAL CODE NIZATIONAL ID #, if any	
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7c. M	MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	CITY 7f. JUR	SDICTIC			ST/	· <u>-</u>		
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Compass Bank
P. O. Box 10566
Birmingham, Alabama 35296

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INITIAL FINANCING STATEMENT FILE