| OLLOW INSTRUCTION | G STATEMENT AMENDMEN S (front and back) CAREFULLY | VT | 20 Sh 07 | 20080722000293960 1/1 \$.00 Shelby Cnty Judge of Probate,AL 07/22/2008 08:21:23AM FILED/CERT | | |
|--|---|--|----------------------------------|--|--|---------------------------------------|
| J. RUFFIN/205.226 B. SEND ACKNOWLEDG ALABAMA 600 NORTH | ONTACT AT FILER [optional] 1.1902 SMENT TO: (Name and Address) POWER COMPANY 18TH STREET AM, AL 35291 | | | | | |
| 1a. INITIAL FINANCING STA | | | THE ABOVE SPA | , | OR FILING OFFICE USE | |
| | 20040902000492010/SHI | <u> </u> | | RE | be filed [for record] (or record) AL ESTATE RECORDS. | · · · · · · · · · · · · · · · · · · · |
| | fectiveness of the Financing Statement identified above Effectiveness of the Financing Statement identified ab | | | | | |
| P 4 | tional period provided by applicable law. | ove with respect to securi | ty interest(s) or the Secured | Party autr | iorizing this Continuation St | atement is |
| 4. ASSIGNMENT (full | or partial): Give name of assignee in item 7a or 7b and | d address of assignee in ite | m 7c; and also give name of | assignor in | item 9. | |
| | lI | ······································ | rty of record. Check only on | e of these | two boxes. | |
| CHANGE name and/or | wing three boxes and provide appropriate information in address: Give current record name in item 6a or 6b; al | so give new DELE | TE name: Give record name | | DD name: Complete item 7 | a or 7b, and also |
| name (if name change CURRENT RECORD IN |) in item 7a or 7b and/or new address (if address changes FORMATION: | e) in item 7c. Lato be | deleted in item 6a or 6b. | ite | em 7c; also complete items | 7d-7g (if applicable |
| 6a. ORGANIZATION'S | | | | | ······································ | |
| OR ES INDIVIDUALIS LASS | | Talbot Mare | | Truppi e | * 1 A & 4 PP | SUFFIX |
| 6b. INDIVIDUAL'S LAST NAME CARLISLE | | FIRST NAME | LESLIE | | MIDDLE NAME | |
| '. CHANGED (NEW) OR A | DDED INFORMATION: | | | | | |
| 7a. ORGANIZATION'S | ······································ | | | | | · · · · · · · · · · · · · · · · · · · |
| \n_ | | | | | | |
| 7b. INDIVIDUAL'S LAST NAME | | FIRST NAME | | MIDDLE NAME SUFFIX | | |
| CARLISLE | | JESSICA | | | | |
| C. MAILING ADDRESS | | CALEDA | | STATE | POSTAL CODE | COUNTRY |
| d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION | | CALERA | 7f. JURISDICTION OF ORGANIZATION | | 35040 | |
| ORGANIZATION ' | | 11. JUNIODIC I TONOS ONGANIZAS ION | | 7g. ORGANIZATIONAL ID #, if any | | |
| AMENDMENT (COLL | DEBTOR ATERAL CHANGE): check only one box. | | | | | NON |
| | leted or added, or give entire restated collate | | | | | |
| | PARTY OF RECORD AUTHORIZING THIS AN authorizing Debtor, or if this is a Termination authorized | | | | | by a Debtor which |
| 9a. ORGANIZATION'S N | | · · · · · · · · · · · · · · · · · · · | | <u>. </u> | | |
| | OWER COMPANY | | | | | |
| 9b. INDIVIDUAL'S LAST | NAME | FIRST NAME | | MIDDLE | NAME | SUFFIX |

10, OPTIONAL FILER REFERENCE DATA