UCC FINANCING STATEMENT AMENDM	ENT		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]			
CSC Diligenz, Inc. 1-800-858-5294			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	<del> </del>		
36721549			
CSC Diligenz, Inc.			
6500 Harbour Heights Pkwy, Suite 400			
Mukilteo, WA 98275			
•			
Filed In: Alab	ama Shelby		
	THE ABOV	/E SPACE IS FOR FILING OFFICE	USE ONLY
1a. INITIAL FINANCING STATEMENT FILE # 20010925000448380 09/25/2007		1b. This FINANCING STATE to be filed [for record] (or	r recorded) in the
2 TERMINATION: Effectiveness of the Financing Statement identified at	nove is terminated with respect to security interest/s	REAL ESTATE RECORD	
2. TERMINATION: Effectiveness of the Financing Statement identified at			
3. CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.	d above with respect to security interest(s) of the S	Secured Party authorizing this Continuati	ion Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b			
5. AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor <u>or</u> Secured Party of record. Check	only <u>one</u> of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information CHANGE name and/or address: Please refer to the detailed instructions		<b></b> 4000 mmmm	<del></del>
in regards to changing the name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7 also complete items 7e-7g (if	a or /b, and also item /c; applicable).
6. CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
Authentic Building Company	· · · · · · · · · · · · · · · · · · ·	,	
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			•
DR			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, i	f any
ORGANIZATION ' DEBTOR			T NON
. AMENDMENT (COLLATERAL CHANGE): check only one box.			NONE
Describe collateral deleted or added, or give entire restated co	Notoral desprintion on despribe sellatoral [7]	· · · · · · · · · · · · · · · · · · ·	
	<del></del>		
Partial Release on Lot 39 according to the Final Plat of Stone Probate Office of Shelby County, Alabama: being situated in 9		r, as recorded in Map Book 39,	Page 22 In the
Probate Office of Shelby County, Alabama; being situated in S	Shelby County, Alabama.		
NAME OF SECURED DARRY OF DECORD AUTHORITMO THE			
. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing Debtor.	AMENUMENT (name of assignor, if this is an As	signment). If this is an Amendment author	rized by a Debtor which
9a. ORGANIZATION'S NAME	and enter name	יי טבט יטר autnorizing this Amendment	<u>.                                    </u>
ServisFirst Bank			
R			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
ODTIONAL ELIED SECESSION SELEC			
0.OPTIONAL FILER REFERENCE DATA 7101			^^-
7 10 1			36721549