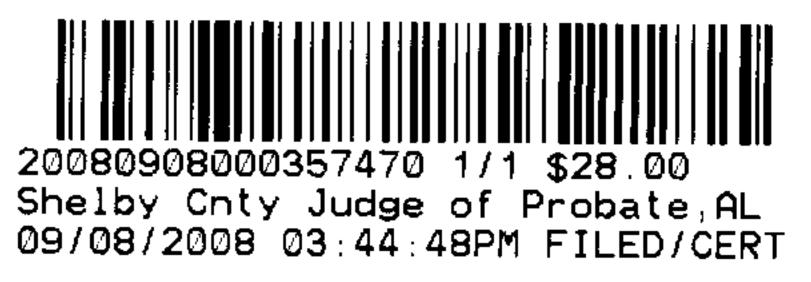
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U	CC FINANCING	STATEMENT AMENDMEN	1T				
		S (front and back) CAREFULLY					
		ONTACT AT FILER [optional]					
		c. 1-800-858-5294					
B.	SEND ACKNOWLEDG	MENT TO: (Name and Address)					
	36758082						
	CSC Diliger	az Inc	•				
	•	ur Heights Pkwy, Suite 400					
	Mukilteo, W	A 90270					
		Filed In: Alaban	na Shelby I				
			الحــــا	THE ABOVE SPACE	CE IS FOR	R FILING OFFICE USE	ONLY
	INITIAL FINANCING STAT		· · · · · · · · · · · · · · · · · · ·		,	FINANCING STATEMENT	
2	0070925000448	3380 09/25/2007				e filed [for record] (or recor	ded) in the
2.	TERMINATION: Eff	fectiveness of the Financing Statement identified above	is terminated with respect to secur	rity interest(s) of the S		L ESTATE RECORDS. Ty authorizing this Terminate	on Statement
3.							
٦. [Effectiveness of the Financing Statement identified about the control of the	ove with respect to security intere	st(s) of the Secured P	arty autho	rizing this Continuation Sta	atement is
а Г	ACCIONIMENT (6.11						
4.		or partial): Give name of assignee in item 7a or 7b and		<u> </u>			·
			ebtor <u>or</u> Secured Party of re	cord. Check only <u>one</u>	of these to	wo boxes.	
, -		wing three boxes <u>and</u> provide appropriate information in					
		iddress: Please refer to the detailed instructions ne name/address of a party.	DELETE name: Give recor to be deleted in item 6a or		alsoco	ame: Complete item 7a or 7b mplete items 7e-7g (if applica	, and also item /c; able).
6.	CURRENT RECORD IN						
	6a. ORGANIZATION'S N						
ΛD		ding Company, LLC					
	6b. INDIVIDUAL'S LAST	NAME	FIRST NAME		MIDDLE N	IAME	SUFFIX
7.	CHANGED (NEW) OR A	DDED INFORMATION:	*	;	<u></u>		
	7a. ORGANIZATION'S N	AME				· · · · · · · · · · · · · · · · · · ·	
OR	7b. INDIVIDUAL'S LAST	NAME	FIRST NAME		MIDDLE NAME SUFFI		SUFFIX
7c.	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
7d.	SEEINSTRUCTIONS	ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGAI	NIZATION	7a. ORGA	NIZATIONAL ID#, if any	
		ORGANIZATION			J. 3. 4. (4.)		
0		DEBTOR			<u> </u>		NONE
	·	TERAL CHANGE): check only <u>one</u> box.					
,		eted oradded, or give entirerestated collate					
		e Final Plat of Stone Creek, Phase 5, Plat		orded in Map Boo	ok 39, Pa	age 22, in the Probat	e Office of
Sn	elby County, Alaban	na; being situated in Shelby County, Alaba	ama.				
}. N	NAME OF SECURED	PARTY OF RECORD AUTHORIZING THIS AM	IENDMENT (name of assignor, if	this is an Assignment). If this is	an Amendment authorized	by a Debtor which
		authorizing Debtor, or if this is a Termination authorized	and ⊔eptor, check here and	enter name of DEBT	OK authori	zing this Amendment.	
	9a. ORGANIZATION'S NA						
OR.	ServisFirst Bar			· L			-
-11	9b. INDIVIDUAL'S LAST	NAME	FIRST NAME		MIDDLE N	NAME	SUFFIX
					•		
10.0	OPTIONAL FILER REFERE	NCE DATA		,	1. 1. .		
							36758082