



A. NAME & PHONE OF CONTACT AT FILER [optional	LY ]					
SUSAN RIXEY  B. SEND ACKNOWLEDGMENT TO: (Name and Addre	ess)					
COMPASS BANK	<b>CGG</b> ,					
4958 VALLEYDALE ROAD SUITE 101 HOOVER, AL 35242-4614						
a. INITIAL FINANCING STATEMENT FILE # SEE ATTACHED			<u></u>	1b. This	FILING OFFICE USE ( FINANCING STATEMENT A filed [for record] (or record) L ESTATE RECORDS.	AMENIOMENT is
TERMINATION: Effectiveness of the Financing State	ment identified above is te	rminated with respect to secu		7 4 1 1 1		<del> </del>
. CONTINUATION: Effectiveness of the Financing State						
continued for the additional period provided by applical		Jopasi ia gadanii iniidi				
. ASSIGNMENT (full or partial): Give name of assigne	e in item 7a or 7b and add	lress of assignee in item 7c; a	ind also give name of a	ssignor in i	tem 9.	
. AMENDMENT (PARTY INFORMATION): This Amer	ndment affects Debtor	r or Secured Party of r	ecord. Check only <u>one</u>	of these to	vo boxes.	
Also check one of the following three boxes and provide app					<b>5</b>	_u <b>7</b>   ' '
CHANGE name and/or address: Give current record nar name (if name change) in item 7a or 7b and/or new address.	me in item 6a or 6b; also gi ress (if address change) in	ive new DELETE na item 7c. to be delete	ne: Give record name d in item 6a or 6b.	AD	Diname: Complete item 7a on 7c; also complete items 7c	or 7b, and also I-7g (if applicable
CURRENT RECORD INFORMATION:					<u>.</u>	
6a. ORGANIZATION'S NAME EDDLEMAN HOMES, LLC.						
OR 6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
OO. HABITIBOTAL O'LITOT TO THE						
. CHANGED (NEW) OR ADDED INFORMATION:				<u>-</u>		
7a. ORGANIZATION'S NAME	<u></u>		······································		······································	
				MIDDLE NAME S		SUFFIX
7b. INDIVIDUAL'S LAST NAME		FIRST NAME	<u>.</u>	MIDDLE	NAME	
7b. INDIVIDUAL'S LAST NAME						00/11/70//
76. INDIVIDUAL'S LAST NAME		FIRST NAME			POSTAL CODE	COUNTRY
76. INDIVIDUAL'S LAST NAME C. MAILING ADDRESS		CITY	NUZATIONI	STATE	POSTAL CODE	COUNTRY
c. MAILING ADDRESS			NIZATION	STATE		
c. MAILING ADDRESS  d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE O ORGANIZATION DEBTOR	F ORGANIZATION	CITY	NIZATION	STATE	POSTAL CODE	
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Compass Bank
P. O. Box 10566
Birmingham, Alabama 35296

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## INITIAL FINANCING STATEMENT FILE #