A. NAME & PHONE OF C	S (front and back) CAREFULLY ONTACT AT FILER [optional]		20090216000052700 1/1 \$.0	
. RUFFIN/205.226	.1902		Shelby Cnty Judge of Prob 02/16/2009 09:16:15AM FIL	ate, AL .ED/CERT
B. SEND ACKNOWLEDG	MENT TO: (Name and Address)			
600 NORTH	POWER COMPANY 18TH STREET AM, AL 35291			
•				
		<u></u>		
a. INITIAL FINANCING STAT	EMENT FILE #	THE ABOVE S	1b. This FINANCING STATEMEN	
20060630000315760/SHEI		LBY	to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.	
X TERMINATION: Eff	ectiveness of the Financing Statement identified above is	terminated with respect to security interest(s) of the		ition Statement.
CONTINUATION: E	ffectiveness of the Financing Statement identified about the control of the c	ve with respect to security interest(s) of the Secu-	red Party authorizing this Continuation S	tatement is
		ddroes of assismas in Hom. Zer early deal		·····
	or partial): Give name of assignee in item 7a or 7b and a INFORMATION): This Amendment affects Deb			
	ving three boxes and provide appropriate information in it	li	<u>une</u> ui mese two doxes.	
CHANGE name and/or	address: Give current record name in item 6a or 6b; also in item 7a or 7b and/or new address (if address change)	naive new TTDELETE name: Give record no		a or 7b, and al
CURRENT RECORD IN		in item 70. La to be deleted in item 68 or 60.	item 7c; also complete items	/d-/g (if applic
6a. ORGANIZATION'S N	AME			
S SE INDIVIDUALIS LAST	NI A NACE			
66. INDIVIDUAL'S LAST	NAME	FIRST NAME DAVID	MIDDLE NAME	SUFFIX
		DAVID	RAY	
CHANGED (NEW) OR AI			· · · · · · · · · · · · · · · · · · ·	
7a. ORGANIZATION'S N				
	NAME	FIRST NAME	MIDDLE NAME	SUFFIX
2	NAME	FIRST NAME SHANNON	MIDDLE NAME R.	SUFFIX
7b. INDIVIDUAL'S LAST GUYTON MAILING ADDRESS				
76. INDIVIDUAL'S LAST GUYTON MAILING ADDRESS 606 13TH AVE ST	W	SHANNON CITY ALABASTER	R.	
76. INDIVIDUAL'S LAST GUYTON MAILING ADDRESS 606 13TH AVE ST		SHANNON	R. STATE POSTAL CODE	COUNTR
76. INDIVIDUAL'S LAST GUYTON MAILING ADDRESS 606 13TH AVE ST	W ADD'L INFO RE 7e. TYPE OF ORGANIZATION	SHANNON CITY ALABASTER	R. STATE POSTAL CODE AL 35007	COUNTR
7b. INDIVIDUAL'S LAST GUYTON MAILING ADDRESS 606 13TH AVE S' TAX ID #: SSN OR EIN AMENDMENT (COLLA	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	SHANNON CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION	R. STATE POSTAL CODE AL 35007 7g. ORGANIZATIONAL ID #, if any	COUNTR
7b. INDIVIDUAL'S LAST GUYTON MAILING ADDRESS 606 13TH AVE S' TAX ID #: SSN OR EIN AMENDMENT (COLLA	W ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	SHANNON CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION	R. STATE POSTAL CODE AL 35007 7g. ORGANIZATIONAL ID #, if any	COUNTR
7b. INDIVIDUAL'S LAST GUYTON MAILING ADDRESS 606 13TH AVE S' TAX ID #: SSN OR EIN AMENDMENT (COLLA	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	SHANNON CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION	R. STATE POSTAL CODE AL 35007 7g. ORGANIZATIONAL ID #, if any	COUNTR
7b. INDIVIDUAL'S LAST GUYTON MAILING ADDRESS 606 13TH AVE S' TAX ID #: SSN OR EIN AMENDMENT (COLLA	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	SHANNON CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION	R. STATE POSTAL CODE AL 35007 7g. ORGANIZATIONAL ID #, if any	COUNTR
7b. INDIVIDUAL'S LAST GUYTON MAILING ADDRESS 606 13TH AVE S' TAX ID #: SSN OR EIN AMENDMENT (COLLA	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	SHANNON CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION	R. STATE POSTAL CODE AL 35007 7g. ORGANIZATIONAL ID #, if any	COUNTR
7b. INDIVIDUAL'S LAST GUYTON MAILING ADDRESS 606 13TH AVE S' TAX ID #: SSN OR EIN AMENDMENT (COLLA	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	SHANNON CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION	R. STATE POSTAL CODE AL 35007 7g. ORGANIZATIONAL ID #, if any	COUNTR
7b. INDIVIDUAL'S LAST GUYTON MAILING ADDRESS 606 13TH AVE S' TAX ID #: SSN OR EIN AMENDMENT (COLLA	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	SHANNON CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION	R. STATE POSTAL CODE AL 35007 7g. ORGANIZATIONAL ID #, if any	COUNTR
7b. INDIVIDUAL'S LAST GUYTON MAILING ADDRESS 606 13TH AVE S' TAX ID #: SSN OR EIN AMENDMENT (COLLA	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	SHANNON CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION	R. STATE POSTAL CODE AL 35007 7g. ORGANIZATIONAL ID #, if any	COUNTR
7b. INDIVIDUAL'S LAST GUYTON MAILING ADDRESS 606 13TH AVE SY TAX ID #: SSN OR EIN	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	SHANNON CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION	R. STATE POSTAL CODE AL 35007 7g. ORGANIZATIONAL ID #, if any	COUNTR
7b. INDIVIDUAL'S LAST GUYTON MAILING ADDRESS 606 13TH AVE SY TAX ID #: SSN OR EIN AMENDMENT (COLLA	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	SHANNON CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION	R. STATE POSTAL CODE AL 35007 7g. ORGANIZATIONAL ID #, if any	COUNTR
7b. INDIVIDUAL'S LAST GUYTON MAILING ADDRESS 606 13TH AVE SY TAX ID #: SSN OR EIN AMENDMENT (COLLA	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	SHANNON CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION	R. STATE POSTAL CODE AL 35007 7g. ORGANIZATIONAL ID #, if any	COUNTR
7b. INDIVIDUAL'S LAST GUYTON MAILING ADDRESS 606 13TH AVE SY TAX ID #: SSN OR EIN AMENDMENT (COLLA Describe collateral dele MAME OF SECURED I	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box. eted or added, or give entire restated collateral	SHANNON CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION It description, or describe collateral assigner NDMENT (name of assignor, if this is an Assignment)	R. STATE POSTAL CODE AL 35007 7g. ORGANIZATIONAL ID #, if any d.	COUNTR
7b. INDIVIDUAL'S LAST GUYTON MAILING ADDRESS 606 13TH AVE SY TAX ID #: SSN OR EIN AMENDMENT (COLLA Describe collateral dele MAME OF SECURED I adds collateral or adds the a	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box. eted or added, or give entire restated collateral restated	SHANNON CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION It description, or describe collateral assigner NDMENT (name of assignor, if this is an Assignment)	R. STATE POSTAL CODE AL 35007 7g. ORGANIZATIONAL ID #, if any d.	COUNTR
The Individual's Last GUYTON MAILING ADDRESS 606 13TH AVE ST TAX ID #: SSN OR EIN AMENDMENT (COLLA Describe collateral dela dela dela dela dela dela dela de	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box. ated or added, or give entire restated collateral restated resta	SHANNON CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION It description, or describe collateral assigner NDMENT (name of assignor, if this is an Assignment)	R. STATE POSTAL CODE AL 35007 7g. ORGANIZATIONAL ID #, if any d.	COUNTR
Th. INDIVIDUAL'S LAST GUYTON MAILING ADDRESS 606 13TH AVE ST TAX ID #: SSN OR EIN AMENDMENT (COLLA Describe collateral dela dela dela dela dela dela dela de	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box. eted or added, or give entire restated collateral restated	SHANNON CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION It description, or describe collateral assigner NDMENT (name of assignor, if this is an Assignment)	R. STATE POSTAL CODE AL 35007 7g. ORGANIZATIONAL ID #, if any d.	COUNTR