۱. ۱	OW INSTRUCTIONS ( AME & PHONE OF COI UFFIN/205.226.1	NTACT AT FILE						
	ALABAMA PO 600 NORTH I BIRMINGHA	ENT TO: (Name OWER COM 8TH STREE	IPANY T			C1 1 h	326000112700 1 by Chty Judge 6 6/2009 02:40:07	1/1 \$.00 of Probate,AL
	<u></u>				THE ABOVE SPA	ACE IS FO	R FILING OFFICE	USE ONLY
a. INITIAL FINANCING STATEMENT FILE # 20050211000069540/SHEI				ELBY		r to b	s FINANCING STATEM be filed [for record] (or r AL ESTATE RECORDS	recorded) in the
×	TERMINATION: Effec	tiveness of the Fina	ancing Statement identified above	is terminated with respect to s	ecurity interest(s) of the			
	CONTINUATION: Eff continued for the addition		Financing Statement identified ab I by applicable law.	ove with respect to security in	iterest(s) of the Secured	Party author	orizing this Continuatio	n Statement is
T	ASSIGNMENT (full or	partial): Give nam	e of assignee in item 7a or 7b and	address of assignee in item 7	c; and also give name of	assignor in	item 9.	
Α	MENDMENT (PARTY I	NFORMATION)	: This Amendment affects D	ebtor or Secured Party	of record. Check only or	ne of these	two boxes.	
			provide appropriate information in		name: Give record nam		DD name: Complete ite	m 7a or 7h, and also
	name (if name change) in	item 7a or 7b and	nt record name in item 6a or 6b; all or new address (if address chang	e) in item 7c. to be dele	eted in item 6a or 6b.	ite	m 7c; also complete ite	ems 7d-7g (if applicat
	URRENT RECORD INFO		······································		······································			<del></del>
R	6b. INDIVIDUAL'S LAST NAME			FIRST NAME			MIDDLE NAME SUFFIX	
	ACTON			HEATHER				
	HANGED (NEW) OR ADI		ON:					
D	7a. ORGANIZATION'S NA	ME	ON:					
R	7a. ORGANIZATION'S NA 7b. INDIVIDUAL'S LAST N	ME	ON:	FIRST NAME		MIDDLE	NAME	SUFFIX
R	7a. ORGANIZATION'S NA 7b. INDIVIDUAL'S LAST N ACTON	ME	ON:	STEPHEN				
R :. N	7a. ORGANIZATION'S NA 7b. INDIVIDUAL'S LAST N ACTON AILING ADDRESS	ME	ON:			MIDDLE	NAME POSTAL CODE 35080	SUFFIX
R 1	7a. ORGANIZATION'S NA 7b. INDIVIDUAL'S LAST N ACTON AILING ADDRESS 986 RIVA RIDGE AX ID #: SSN OR EIN	AME ADD'L INFO RE ORGANIZATION	7e. TYPE OF ORGANIZATION	STEPHEN	RGANIZATION	STATE	POSTAL CODE	COUNTRY
٦ 1	7a. ORGANIZATION'S NA 7b. INDIVIDUAL'S LAST N ACTON AILING ADDRESS 986 RIVA RIDGE AX ID #: SSN OR EIN	AME  AME  ADD'L INFO RE  ORGANIZATION  DEBTOR	7e. TYPE OF ORGANIZATION	STEPHEN CITY HELENA	RGANIZATION	STATE	POSTAL CODE 35080	COUNTRY
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