CC FINANCING STATEMENT AMENDMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY			20090515000182920 1/1 \$.00			
NAME & PHONE OF CO	NTACT AT FILER [optional]	·		_	Inty Judge of Pro 109 10:29:05 AM F	
RUFFIN/205.226.1	902 IENT TO: (Name and Address)	<u></u>				
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	OWER COMPANY					
	8TH STREET					
BIKMINGHA	M, AL 35291					
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			THE ABOVE S	PACE IS F	OR FILING OFFICE US	SE ONLY
INITIAL FINANCING STATE	EMENT FILE#	T 7337		1b. Ti	is FINANCING STATEME be filed [for record] (or rec	NT AMENDMENT
	20030918000627550/SHE			R	EAL ESTATE RECORDS.	
	ctiveness of the Financing Statement identified above is					
CONTINUATION: E	fectiveness of the Financing Statement identified about the provided by applicable law.	ve with respect to	security interest(s) of the Secur	ed Party aut	horizing this Continuation	Statement is
		addraga of accions	vo in itom 70: and also give name	of assignor	n item 9	
	partial): Give name of assignee in item 7a or 7b and a		e in item 7c; and also give riame ured Party of record. Check only			
AMENDMENT (PARTY	INFORMATION): This Amendment affects Detailed by three boxes and provide appropriate information in it	····· basad	ared marry or record. Check only	One or ares	S INO DOXOS.	
	ddress. Give current record name in item 6a or 6b; also	o give new	DELETE name: Give record na	ame /	ADD name: Complete item tem 7c; also complete item	7a or 7b, and als
name (if name change) i CURRENT RECORD INF	n item 7a or 7b and/or new address (if address change)) in item /c.	to be deleted in item 6a or 6b.		teni 70, also complete item	3 ru-ry (n applio
6a. ORGANIZATION'S NA						
					-	
6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
SPENCER-LANCASTER		STACEY		P.		
CHANGED (NEW) OR AL	DED INFORMATION:					······································
7a. ORGANIZATION'S N	AME					
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
LANCASTER		ALBERT		L.		
		CITY		STATE	POSTAL CODE	COUNTR
MAILING ADDRESS 221 LEAF LN		ALABASTER		AL	35007	
TAX ID #: SSN OR EIN	ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDIC	TION OF ORGANIZATION	7g. OF	GANIZATIONAL ID #, if ar	iy
	ORGANIZATION DEBTOR					
AMENDMENT (COLLA	TERAL CHANGE): check only one box.	i				
	eted or added, or give entire restated collater	ral description, or	describe collateral assigne	ed.		
Describe collateral Tidel		•				
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