		7	22000194510 1/1 Cnty Judge of F	<b>4-0</b> . <i>V</i> 11/1
ICC FINANCING STATEMENT AMENDMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY	JT			
A. NAME & PHONE OF CONTACT AT FILER [optional]  Michele Smith (205) 803-5884				
3. SEND ACKNOWLEDGMENT TO: (Name and Address)				
CapitalSouth Bank f/k/a				
Bank of Alabama				
P. O. Box 59587				
Birmingham, AL 35209	<b>1</b>			
	THE ABOVE S	SPACE IS FO	R FILING OFFICE US	SE ONLY
a. INITIAL FINANCING STATEMENT FILE # 20041112000623040		i i	FINANCING STATEMENT FILE (Filed (for record) (or record)	
TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to security interest(s) of	RE/	L ESTATE RECORDS.	
. X CONTINUATION: Effectiveness of the Financing Statement identified ab			· · · · · · · · · · · · · · · · · · ·	
continued for the additional period provided by applicable law.				
. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and . AMENDMENT (PARTY INFORMATION): This Amendment affects D	· · · · · · · · · · · · · · · · · · ·		·····	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in		y <u>one</u> or mese i	WO DOXES.	
CHANGE name and/or address: Give current record name in item 6a or 6b; all name (if name change) in item 7a or 7b and/or new address (if address change)	so give new DELETE name: Give record nee) in item 7c. to be deleted in item 6a or 6b.	1 1	D name: Complete item n 7c; also complete item	
CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
Weatherly Utility Services, L.L.C.	FIRST NAME	MIDDLE	VAME	SUFFIX
. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME				
78. OROMUZATION GIVANIC				
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
			· · · · · · · · · · · · · · · · · · ·	
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	7f. JURISDICTION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if an	y
d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION				
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR				NONE
ORGANIZATION '			——————————————————————————————————————	NONE

9. NAME OF SECURED PARTY OF RECORD AUTHOR adds collateral or adds the authorizing Debtor, or if this is a Terman Secure of the second s	mination authorized by a Debtor, check here and enter	_	_
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10.OPTIONAL FILER REFERENCE DATA			
63653-Shelby County Judge of F	robate		