20090609000218200 1/1 \$ 00 Shelby Cnty Judge of Probate, A 06/09/2009 09:05:31 AM FILED/CE

FOUL ON INICEPLICATIONS (Front and book) CARELLLY		06/09/2009 09:05:31 AM	robate, AL FILED/CERT
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
VINCENT K PICKETT			
6008 SPRING CREEK RD			
MONTEVALLO, AL. 35115			
	THE ABOVE SP	ACE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEMENT to be filed [for record] (or record	
	K PG	REAL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified above is		Market Market (1974) - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 197	
 CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law. 	with respect to security interest(s) of the Sectifed	raity authorizing this Continuation State	CITICILLIS
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and ad	ddress of assignee in item 7c; and also give name of	assignor in item 9.	·
· · · · · · · · · · · · · · · · · · ·	or or Secured Party of record. Check only on	e of these two boxes.	
Also check one of the following three boxes and provide appropriate information in item [77] CHANGE name and/or address: Give current record name in item 6a or 6b; also	give new DELETE name: Give record name		*
name (if name change) in item 7a or 7b and/or new address (if address change) 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	in item 7c. to be deleted in item 6a or 6b.	item 7c; also complete items	7d-7g (if applicable).
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
PICKETT	VINCENT	K	SOFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			!
7a. ORGANIZATION'S NAME)	- '
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
. TO, INDIVIDUAL S LAST NAME.			
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	g. ORGANIZATIONAL ID #, if any	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.	······································	<u> </u>	
Describe collateral deleted or added, or give entire restated collateral	description, or describe collateral ssigned.		
4000		-	
1996			
CRISMON			
CALS6109			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEN adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by the second seco			by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized to 9a. ORGANIZATION'S NAME	by a Debtor, check here and enter name of DE		by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by	by a Debtor, check here and enter name of DE		SUFFIX