UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] ELIZABETH SMALLING 865-380-3000 EXT. 5152 B. SEND ACKNOWLEDGMENT TO: (Name and Address) WILLIAM L. LEDFORD 904 HWY 332 PELHAM, AL 35124

Shelby Cnty Judge of Probate, AL 08/10/2009 02:27:13 PM FILED/CERT

	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY		
1a. INITIAL FINANCING STATEMENT FILE# FILE #1999-51887 DATE:12/28/1999 AL SO	S VMF # 867726	1b. This FINANCING STATEME to be filed [for record] (or reREAL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified above i	s terminated with respect to security interest(s) of t	he Secured Party authorizing this Termin	nation Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.	ve with respect to security interest(s) of the Secu	red Party authorizing this Continuation	Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give name	of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects De	ebtor or Secured Party of record. Check onl	y <u>one</u> of these two boxes.	
Also check one of the following three boxes and provide appropriate information in	items 6 and/or 7.		_
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).	
6. CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
LEDFORD	WILLIAM	L	
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
LEDFORD	TRACY	\mathbf{A}	
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	ny
DEBTOR			NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collater 1988 REDMAN MOBILE HOME	al description, or describe collateral assigne	ed.	

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here 🔲 and enter name of DEBTOR authorizing this Amendment, 9a. ORGANIZATION'S NAME ASSOCIATES HOUSING FINANCE 9b. INDIVIDUAL'S LAST NAME SUFFIX MIDDLE NAME FIRST NAME 10. OPTIONAL FILER REFERENCE DATA

SERIAL #0695AB