



Shelby Cnty Judge of Probate, AL 08/12/2009 12:08:02 PM FILED/CERT

UCC FINANCING STATEMENT AMENDMEN		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]		
D. SEND ACKNOWI EDCMENT TO: (Name and Address)	· · · · · · · · · · · · · · · · · · ·	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)		
Alagasco		
	THE ABOVE SF	PACE IS FOR FILING OFFICE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE # 2001-28564		1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the
2. TERMINATION: Effectiveness of the Financing Statement identified above is	s terminated with respect to security interest(s) of the	REAL ESTATE RECORDS. Secured Party authorizing this Termination Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified abortional continued for the additional period provided by applicable law.	ve with respect to security interest(s) of the Secure	ed 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 o	of assignor in item 9.
`	btor <u>or</u> Secured Party of record. Check only	one of these two boxes.
Also check one of the following three boxes and provide appropriate information in i CHANGE name and/or address: Give current record name in item 6a or 6b; also	o give new DELETE name: Give record nar	ne ADD name: Complete item 7a or 7b, and also
name (if name change) in item 7a or 7b and/or new address (if address change 6. CURRENT RECORD INFORMATION:) in item 7c. to be deleted in item 6a or 6b.	item 7c; also complete items 7d-7g (if applicable
6a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·	
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
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7. CHANGED (NEW) OR ADDED INFORMATION:		
7a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·	
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE COUNTRY
1417 Royalty Dr	Alabaster	AL 35007
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any
8. AMENDMENT (COLLATERAL CHANGE): check only one box.		
Describe collateral deleted or added, or give entire restated collater	al description, or describe collateralassigned	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	FNDMENT (name of assignor, if this is an Assignm	ent) If this is an Amendment authorized by a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized		
9a. ORGANIZATION'S NAME		
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
10. OPTIONAL FILER REFERENCE DATA		

To:2053268227

STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC, — FORM UCC-3

Important: Read instructions on Back Before Filling out Form,

se defined in ALA CODE 7-9-10501	Shoots Presented:	This PHIANCING STATEMENT is presented to a Plang Different for fising pursuant to the Uniterin Commercial Cude.
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Additional debates on effected UCC-R	· .	08/32/2009 12:00:02 FIT 1 ILLU?
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