	G STATEMENT AMENDMEN  NS (front and back) CAREFULLY			
NAME & PHONE OF RUFFIN/205.22 SEND ACKNOWLED ALABAMA 600 NORTH	CONTACT AT FILER [optional]	S	20090925000366560 1/1 \$.00 Shelby Cnty Judge of Probate 19/25/2009 10:44:09 AM FILED	, AL /CERT
INITIAL FINANCING ST	ATEMENT FILE #	THE ABOVE	SPACE IS FOR FILING OFFICE USE 1b. This FINANCING STATEMENT	
	20050720000362750/SHE	LBY	to be filed [for record] (or record REAL ESTATE RECORDS.	rded) in the
AMENDMENT (PAR Also check one of the following CHANGE name and/ name (if name chang	If or partial): Give name of assignee in item 7a or 7b and a TY INFORMATION): This Amendment affects  Delete owing three boxes and provide appropriate information in item address: Give current record name in item 6a or 6b; also be in item 7a or 7b and/or new address (if address change)	otor or Secured Party of record. Check of terms 6 and/or 7.  DELETE name: Give record	only one of these two boxes.  I name ADD name: Complete item 7a	a or 7b, and also 7d-7g (if applica
6a. ORGANIZATION'S		<u>~_~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>		
6a. ORGANIZATION'S	NAME	FIRST NAME DONALD	MIDDLE NAME R.	SUFFIX
6a. ORGANIZATION'S 6b. INDIVIDUAL'S LAS SMITH CHANGED (NEW) OR	NAME ST NAME ADDED INFORMATION:			SUFFIX
6a. ORGANIZATION'S 6b. INDIVIDUAL'S LAS SMITH CHANGED (NEW) OR 7a. ORGANIZATION'S	ADDED INFORMATION:	DONALD	R.	
6a. ORGANIZATION'S 6b. INDIVIDUAL'S LAS SMITH CHANGED (NEW) OR 7a. ORGANIZATION'S 7b. INDIVIDUAL'S LAS	ADDED INFORMATION:	DONALD  FIRST NAME		SUFFIX
6a. ORGANIZATION'S 6b. INDIVIDUAL'S LAS SMITH 7b. INDIVIDUAL'S LAS SMITH MAILING ADDRESS	ADDED INFORMATION:	FIRST NAME JACQUELINE CITY	R.  MIDDLE NAME  E.  STATE POSTAL CODE	SUFFIX
6b. INDIVIDUAL'S LAS SMITH  CHANGED (NEW) OR  7a. ORGANIZATION'S  7b. INDIVIDUAL'S LAS	ADDED INFORMATION: NAME ST NAME	DONALD  FIRST NAME  JACQUELINE	R.  MIDDLE NAME E.	
6a. ORGANIZATION'S 6b. INDIVIDUAL'S LAS SMITH CHANGED (NEW) OR 7a. ORGANIZATION'S 7b. INDIVIDUAL'S LAS SMITH MAILING ADDRESS 807 HWY 86 TAX ID #: SSN OR EI	ADDED INFORMATION: NAME  ST NAME  TO ADD'L INFO RE 7e. TYPE OF ORGANIZATION	FIRST NAME JACQUELINE CITY CALERA 7f. JURISDICTION OF ORGANIZATION	R.  MIDDLE NAME E.  STATE POSTAL CODE AL 35040  7g. ORGANIZATIONAL ID #, if any	SUFFIX
6a. ORGANIZATION'S 6b. INDIVIDUAL'S LAS SMITH CHANGED (NEW) OR 7a. ORGANIZATION'S 7b. INDIVIDUAL'S LAS SMITH MAILING ADDRESS 807 HWY 86 TAX ID #: SSN OR EI  AMENDMENT (COLIDescribe collateral Collat	ADDED INFORMATION:  NAME  ST NAME  N ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  LATERAL CHANGE): check only one box.  deleted or added, or give entire restated collaters	FIRST NAME JACQUELINE CITY CALERA 7f. JURISDICTION OF ORGANIZATION  all description, or describe collateral assignment	MIDDLE NAME E.  STATE POSTAL CODE AL 35040  7g. ORGANIZATIONAL ID #, if any	COUNTRY
6a. ORGANIZATION'S  6b. INDIVIDUAL'S LAS SMITH  CHANGED (NEW) OR  7a. ORGANIZATION'S  SMITH  MAILING ADDRESS  807 HWY 86  TAX ID #: SSN OR EI  AMENDMENT (COL.)  Describe collateral Collaboration or adds the gallong and states and s	ADDED INFORMATION:  NAME  N ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  LATERAL CHANGE): check only one box.  deleted or added, or give entire restated collaters  D PARTY OF RECORD AUTHORIZING THIS AME are authorizing Debtor, or if this is a Termination authorized	FIRST NAME JACQUELINE CITY CALERA 7f. JURISDICTION OF ORGANIZATION  all description, or describe collateral assignment assignment and assignment assignment as a second collateral as a second collateral assignment as a second collateral as a second collateral assignment as a second collateral as a second collateral assignment as a second collate	R.  MIDDLE NAME E.  STATE POSTAL CODE AL 35040  7g. ORGANIZATIONAL ID #, if any  gned.	COUNTRY