UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] J. RUFFIN/205.226.1902 B. SEND ACKNOWLEDGMENT TO: (Name and Address)		20091118000428540 1/1 \$.00 Shelby Cnty Judge of Probate, AL 11/18/2009 09:52:39 AM FILED/CERT	
	THE A	BOVE SPACE IS FOR FILING OFFICE US	SE ON! V
I. INITIAL FINANCING STATEMENT FILE # 20060224000089		1b. This FINANCING STATEME to be filed [for record] (or record)	NT AMENDMENT
TERMINATION: Effectiveness of the Financing Statement iden		REAL ESTATE RECORDS.	
CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law.			
ASSIGNMENT (full or partial): Give name of assignee in item	7a or 7h and address of assigned in item 7c; and also		
AMENDMENT (PARTY INFORMATION): This Amendment at		theck only one of these two boxes.	
Also check one of the following three boxes and provide appropriate in	nformation in items 6 and/or 7.		
CHANGE name and/or address: Give current record name in item name (if name change) in item 7a or 7b and/or new address (if add CHARENT DECORD INFORMATION).	dress change) in item 7c. DELETE name: Give to be deleted in item	record name ADD name: Complete item 6a or 6b. item 7c; also complete items	7a or 7b, and als s 7d-7g (if applica
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	······································		
Ch (ND) (ID) (ACT MAN)			
66. INDIVIDUAL'S LAST NAME JOHNSON-SHEEHAN	FIRST NAME MICHELLE	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:		LEA	
7a. ORGANIZATION'S NAME	······································		
7b. INDIVIDUAL'S LAST NAME	I E I C C T L L L L L C C		······································
SHEEHAN	JOSEPH	MICHAEL	SUFFIX
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTR
108 SELWYN ABBEY	ALABASTER	AL 35007	
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	IZATION 7f. JURISDICTION OF ORGANIZATIO	7g. ORGANIZATIONAL ID #, if any	
DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.			N
IAME OF SECURED PARTY OF RECORD AUTHORIZING	THIS AMENDMENT (name of assignor, if this is an authorized by a Debtor, check here and enter na	n Assignment). If this is an Amendment authorized me of DEBTOR authorizing this Amendment.	by a Debtor wh
9a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE NAME	SUFFIX