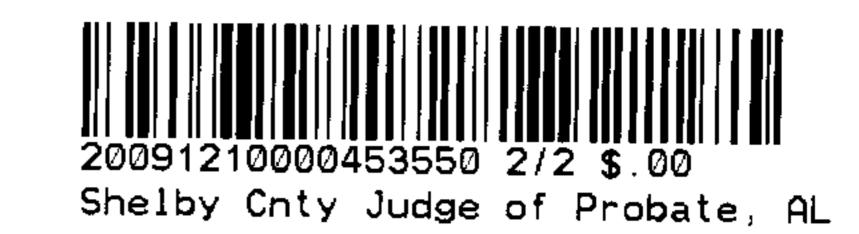


UCC	FINANCING	STATEMENT	AMENDMENT
FOLLO\	ALINISTRUCTIONS (front and back) CARE	FULLY

FOL	LOW INSTRUCTION	IS (front and bac	() CAREFULLY	····	1			
	NAME & PHONE OF errie Childress		-					
<u> </u>	SEND ACKNOWLED		·					
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	1 Central Stat	te Bank		1				
	Post Office	Box 180						
	Calera, Ala	bama 35040						
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	<u></u>				THE ABOVE S	DACE 19 E0	OR FILING OFFICE US	E ONI V
1a.	INITIAL FINANCING ST	ATEMENT FILE#			THE ADOVE S		FINANCING STATEMEN	"
	t# 1997-31608					to RE	be filed [for record] (or re AL ESTATE RECORDS	corded) in the
2.	TERMINATION: E	ffectiveness of the F	inancing Statement identified above	is terminated with	respect to security interest(s)	of the Secure	d Party authorizing this T	ermination Statement
3.[•		Financing Statement identified above vided by applicable law.	ve with respect to s	security interest(s) of the Secur	red Party auth	orizing this Continuation	Statement is
4.	ASSIGNMENT (fu	Il or partial): Give na	me of assignee in item 7a or 7b and	l address of assign	ee in item 7c; and also give nar	me of assigno	r in item 9.	
5. /	AMENDMENT (PART	TY INFORMATION	N): This Amendment affects De	ebtor <u>or</u> Secure	ed Party of record. Check only	one of these	two boxes.	
	Also check <u>one</u> of the	following three boxe	es <u>and</u> provide appropriate informa er to the detailed instructions	ation in items 6 a	nd/or 7. DELETE name: Give record			7a or 7b, and also its
L	in regards to changing				to be deleted in item 6a or		; also complete items 7e	
6. (CURRENT RECORD II	NFORMATION:						
	6a. ORGANIZATION'S	NAME						
OR	Ch INIDINALIC LAS	CT NIANE		FIRST MANAGE		MIDDLE	MIDDLE NAME SUFFIX	
	66. INDIVIDUAL'S LAS Phillips	St MAWE		FIRST NAME		Larr		301117
		D ADDED INCODA	AA TIONI:			L/al I	<u>J</u>	
<i>7</i> .	CHANGED (NEW) OI		MATION.				 	
	7a UNGANIZATION S	NAIVIE						
OR	7b. INDIVIDUAL'S LAS	ST NAME		FIRST NAME	<u> </u>	MIDDLE	NAME	SUFFIX
	į						: - (
7c.	MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
<u>45</u>	05 Hwy 10			Monteva	llo	AL	35115	
7d.	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION	7e. TYPE OF ORGANIZATION	7f. JURISDICTION	ON OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if a	nγ
	<u></u>	DEBTOR						NONE
); check only <u>one</u> box.					
E	Describe collateral 🔲 d	deleted or add	led, or give entire restated coll	lateral description,	or describe collateral ass	signed.		
197	4 SHERATON 16 65	MOBILE HOME	SER #3435					
Q N	AME OF SECURED	L DADTY OF REC	CORD AUTHORIZING THIS AM	MENION/ENIT (nam	e of assignor, if this is an Assigni	ment). If this is	s an Amendment authorized	by a Debtor which
a. IV	dds collateral or adds th	e authorizing Debtor	or if this is a Termination authorize	ed by a Debtor, ch	neck here and enter name	of DEBTOF	authorizing this Amen	dment.
[9a. ORGANIZATION'S I	NAME		· · · · · · · ·		·;-···		
	Central State	e Bank						
OR	9b. INDIVIDUAL'S LAS	T NAME	· · · · · · · · · · · · · · · · · · ·	FIRST NAME	<u> </u>	MIDDLE	NAME	SUFFIX
10. (OPTIONAL FILER REFER	ENCE DATA					, · • · · · · · · · · · · · · · · · ·	
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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1 on Amendment form)

1115(# 1997-31000		· · · · · · · · · · · · · · · · · · ·
12. NAME OF PARTY AUTHORIZ	ZING THIS AMENDMENT (sa	me as item 9 on Amendment form)
12a. ORGANIZATION'S NAME		
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
Phillips	Betty	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

^{13.} Use this space for additional information