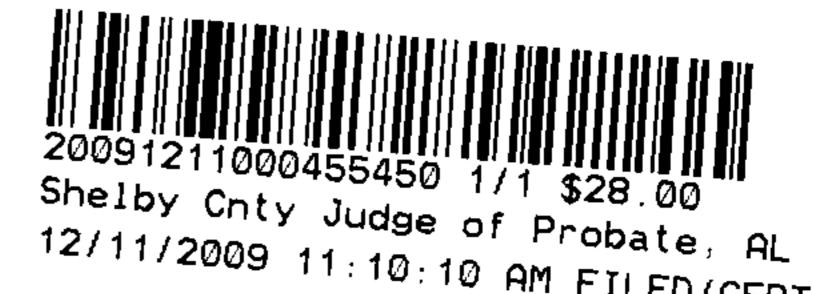
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		•	4/11/20	09 11:10:10 AM FI	LED/CEDT
UCC FINANCING STATEMENT AMENDMEN	1T				
FOLLOW INSTRUCTIONS (front and back) CAREFULLY	<u> </u>				
A. NAME & PHONE OF CONTACT AT FILER [optional] Corporation Service Company 1-800-858-5294					
B. SEND ACKNOWLEDGMENT TO: (Name and Address)					
46783786					
Corporation Service Company					
801 Adlai Stevenson Drive					
Springfield, IL 62703					
	_				
Filed In: Alaban	na Shelb <u>y</u>				
		THE ABOVE SPA		R FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE # 20050520000245580 5/20/2005			to b	s FINANCING STATEMENT , e filed [for record] (or record	
2. TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with res	nect to security interest/s) of the S		AL ESTATE RECORDS.	n Statement
3. CONTINUATION: Effectiveness of the Financing Statement identified above					
continued for the additional period provided by applicable law.	ovo vviii roopoot to o	ounty intoroot(b) or the country	. any area		
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	address of assignee	n item 7c; and also give name of a	assignor in	item 9.	,
5. AMENDMENT (PARTY INFORMATION): This Amendment affects De	ebtor <u>or</u> Secure	d Party of record. Check only <u>on</u>	e of these t	wo boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in	_				
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.		e: Give record name n item 6a or 6b.		ame: Complete item 7a or 7b, a omplete items 7e-7g (if applical	
6. CURRENT RECORD INFORMATION:		· · · · · · · · · · · · · · · · · · ·		· 	<u>-</u> .
H D H CONSTRUCTION COMPANY INC					
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME SUFFIX		SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:					
7a. ORGANIZATION'S NAME					
OR				_	
7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		SUFFIX
Z- NANI ING ADDDECC	CITY (CT A 7 F	IDOSTAL CODE	COLINTERY
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e, TYPE OF ORGANIZATION	7f. JURISDICTIO	N OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	
ORGANIZATION DEBTOR				•	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.	, ,			······································	INOIVE
Describe collateral deleted or added, or give entire restated collater	ral description, or de	scribe collateral assigned.			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	ENDMENT (name o	f assignor, if this is an Assignment	t). If this is	an Amendment authorized by	y a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized					
9a. ORGANIZATION'S NAME					
First Commercial Bank		····	T. 44= - : -		· [
96. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	VAME	SUFFIX
40 ODTIONAL EN ED DEFENENCE DATE					
10.0PTIONAL FILER REFERENCE DATA Debtor: H D H CONSTRUCTION COMPANY, INC	- Task ID#	11030030			46783786