			Shelby	20000019250 1/1 \$28.00 Cnty Judge of Probate	
	CING STATEMENT AME CTIONS (front and back) CAREFULLY	ENDMEN <sup>-</sup>	017207	2010 01:48:04 PM FILED	/CERT
	IE OF CONTACT AT FILER [optional] 205-264-6113				
	WLEDGMENT TO: (Name and Address)	<del></del>			
	s Bank th Avenue North, 22nd Floor, gham, AL 35203				
Attn: D	inah Walker				
			THE ABOVE S	SPACE IS FOR FILING OFFICE	E USE ONLY
	NG STATEMENT FILE#	of Challes Co		1b. This FINANCING STATE to be filed [for record] (or	MENT AMENDMENT is
	ON: Effectiveness of the Financing Statement		unty, Alabama terminated with respect to security interest(s) of t	REAL ESTATE RECOR	DS.
			e with respect to security interest(s) of the Secu		
	the additional period provided by applicable la				
			ddress of assignee in item 7c; and also give name		
	(PARTY INFORMATION): This Amendme the following three boxes and provide appropria		tor <u>or</u> Secured Party of record. Check onleads and/or 7.	y <u>one</u> of these two boxes.	
CHANGE nam	ne and/or address: Give current record name in change) in item 7a or 7b and/or new address (	item 6a or 6b; also	give new DELETE name: Give record n	ame ADD name: Complete item 7c; also complete	item 7a or 7b, and also
·· ·	ORD INFORMATION:	(II audiess Glange)	in teni re. Li to be deleted in Rein da or ob.	nem re, also complete	itoriis i a rg (ii appiioab
6a. ORGANIZA					
Emerald R		· · · · · · · · · · · · · · · · · · ·	FIRST NAME	MIDDLE NAME	SUFFIX
OD. MADIAIDOAL	LO LAGI IVAIVIE		FIRST NAIVIE		JOILIX
CHANGED (NE)	W) OR ADDED INFORMATION:				
7a. ORGANIZA					······
R			· · · · · · · · · · · · · · · · · · ·		
7b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME	SUFFIX
~ MAILING ADDRE	- C C		CITY	STATE POSTAL CODE	COUNTRY
c. MAILING ADDRE	233 233		CHY	STATE POSTAL CODE	COOMIN
······································	ADD'L INFO RE 7e. TYPE OF OR	RGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #,	if any
	ORGANIZATION DEBTOR				Π <sub>NO</sub>
. AMENDMENT	(COLLATERAL CHANGE): check only one	e box.			
Describe collatera	al deleted or added, or give entire	restated collatera	description, or describe collateral assign	ed.	
Partial Releas	e				
[ ot 115 .goog	rding to the Survey of Emerald	Didge Sector	r II. oc recorded in Mon Dook 29	Daga 112 in the Drobate	Office of Shalb
County, Alaba	•	Riuge, Sector	r II, as recorded in Map Book 38	rage 112, in the riobate	Office of Shelo
			NDMENT (name of assignor, if this is an Assignor) and enter name of D		
9a. ORGANIZA					
Regions Ba	ank				
)B	IO I AOT ALABAT		CIDOT MARKE	LINDOLF MALE	1
9b. INDIVIDUAL	'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX