| UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY | | Sh | 20100311000072660 1/1 \$.00 Shelby Cnty Judge of Probate, AL | | |
|--|---|--|---|--|-------------------|
| . RUFFIN/205.226. | ONTACT AT FILER [optional] .1902 MENT TO: (Name and Address) | | /11/2010 | 03:41:24 PM FILE | D/CERT |
| 600 NORTH | POWER COMPANY 18TH ST N AM, AL 35203 | | | | |
| | | THE ABOVE S | SPACE IS FO | OR FILING OFFICE US | SE ONLY |
| a. INITIAL FINANCING STAT | TEMENT FILE # 20060119000029750/SHE | LBY | } | is FINANCING STATEME! be filed [for record] (or rec | |
| TERMINATION: F# | fectiveness of the Financing Statement identified above is | | RE | AL ESTATE RECORDS. | - |
| continued for the additi | Effectiveness of the Financing Statement identified above ional period provided by applicable law. or partial): Give name of assignee in item 7a or 7b and a | | | | Statement is |
| AMENDMENT (PARTY Also check one of the follow CHANGE name and/or | | otor or Secured Party of record. Check only tems 6 and/or 7. DELETE name: Give record not be a secured party of record. | one of these | | 7a or 7b, and als |
| CURRENT RECORD INF 6a. ORGANIZATION'S N | FORMATION: | | | | |
| 6b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME SUF | | Topeen |
| PAYNE CHANGED (NEW) OR AL | DDED INFORMATION: | DOYLE | MAR | | SUFFIX |
| PAYNE CHANGED (NEW) OR ALT 7a. ORGANIZATION'S N. | DDED INFORMATION: IAME | | | NAME | SUFFIX |
| PAYNE CHANGED (NEW) OR ALTA ORGANIZATION'S NOT THE PAYNE MAILING ADDRESS | DDED INFORMATION: IAME NAME | FIRST NAME REEVIE CITY | MIDDLE | NAME EL POSTAL CODE | SUFFIX |
| PAYNE CHANGED (NEW) OR AL 7a. ORGANIZATION'S N. PAYNE MAILING ADDRESS 225 DOSTER DR TAX ID #: SSN OR EIN | DDED INFORMATION: IAME NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR | DOYLE FIRST NAME REEVIE | MIDDLE CREI STATE AL | NAME | SUFFIX |
| PAYNE CHANGED (NEW) OR AL 7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST PAYNE MAILING ADDRESS 225 DOSTER DR 1. TAX ID #: SSN OR EIN AMENDMENT (COLLA Describe collateral dele | DDED INFORMATION: IAME NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ITERAL CHANGE): check only one box. eted or added, or give entire restated collaters | FIRST NAME REEVIE CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION al description, or describe collateral assigned | MIDDLE CREI | NAME EL POSTAL CODE 35115 SANIZATIONAL ID #, if any | SUFFIX |
| PAYNE CHANGED (NEW) OR AL 7a. ORGANIZATION'S N. R 7b. INDIVIDUAL'S LAST PAYNE MAILING ADDRESS 225 DOSTER DR TAX ID #: SSN OR EIN AMENDMENT (COLLA Describe collateral dele Adds collateral or adds the a 9a. ORGANIZATION'S NA | DDED INFORMATION: IAME NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ITERAL CHANGE): check only one box. eted or added, or give entire restated collaters PARTY OF RECORD AUTHORIZING THIS AME authorizing Debtor, or if this is a Termination authorized by | FIRST NAME REEVIE CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION al description, or describe collateral assigned assigned. | MIDDLE CREI STATE AL 7g. ORG | NAME EL POSTAL CODE 35115 SANIZATIONAL ID #, if any | SUFFIX |