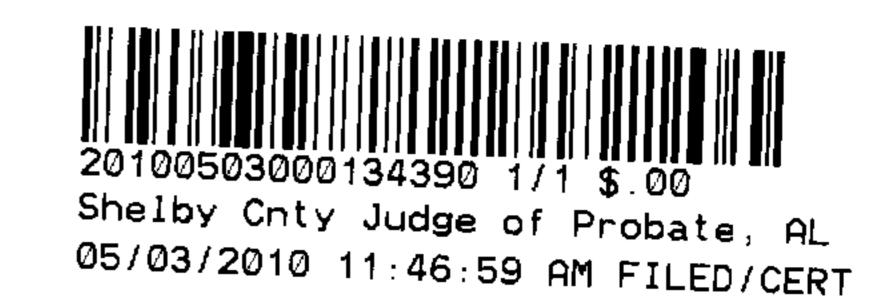
		<u> </u>	
	-		



LLOW INSTRUCTIONS (front and back) CAREFULLY				
NAME & PHONE OF CONTACT AT FILER [optional]				
Theresa Booth 417-447-2931 Ext. 1004 SEND ACKNOWLEDGMENT TO: (Name and Address)				
T				
Richmond Monroe Group PO Box 458 Kimberling City, MO 65686				
	THE /	ABOVE SPACE IS FOR FILING OFFICE USE	ONLY	
. INITIAL FINANCING STATEMENT FILE #	A À	1b. This FINANCING STATEMENT to be filed [for record] (or reco		
20070215000070980 Filed 12/15/2007	Shelby, AL	REAL ESTATE RECORDS.		
TERMINATION: Effectiveness of the Financing Statement identified			·-	
CONTINUATION: Effectiveness of the Financing Statement ident continued for the additional period provided by applicable law.	fied above with respect to security interest(s) of	f the Secured Party authorizing this Continuation St	atement is	
		give name of assignor in item 0	·····	
ASSIGNMENT (full or partial): Give name of assignee in item 7a or				
AMENDMENT (PARTY INFORMATION): This Amendment affects Also check one of the following three boxes and provide appropriate inform		CHECK CITY CITE OF THESE TWO DOXES.		
CHANGE name and/or address: Please refer to the detailed instructions	DELETE name: Give record name	e ADD name: Complete item 7a or 7i also complete items 7e-7g (if applic	o, and also item 7	
in regards to changing the name/address of a party. CURRENT RECORD INFORMATION:	to be deleted in item 6a or 6b.	also complete items / e- / g (ii applic	abic).	
6a. ORGANIZATION'S NAME			· · · · · · · · · · · · · · · · · · ·	
Inland Western Montevallo Main, L.I 6b. INDIVIDUAL'S LAST NAME	∠.C.			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
CHANGED (NEW) OR ADDED INFORMATION:			<u> </u>	
7a. ORGANIZATION'S NAME				
TI INITIALIC LACT NIABAT	FIRST NAME	MIDDLE NAME	SUFFIX	
`7b. INDIVIDUAL'S LAST NAME	FIRSTINAIVIL			
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTR	
TOTAL TOTAL CO				
SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	TION 7f. JURISDICTION OF ORGANIZAT	ION 7g. ORGANIZATIONAL ID#, if any		
AMENDMENT (COLLATERAL CHANGE): check only one box.	,			
Describe collateral deleted or added, or give entire restate	d collateral description, or describe collateral	assigned.		
	irough Certificates, Series 200:	3-3		
*Mortgage Inc., Commercial Mortgage Pass Ti				
*Mortgage Inc., Commercial Mortgage Pass Ti				
*Mortgage Inc., Commercial Mortgage Pass Ti				
*Mortgage Inc., Commercial Mortgage Pass Ti				
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*Mortgage Inc., Commercial Mortgage Pass Ti				
*Mortgage Inc., Commercial Mortgage Pass Ti				
*Mortgage Inc., Commercial Mortgage Pass TI				
NAME OF SECURED PARTY OF RECORD AUTHORIZING T	THIS AMENDMENT (name of assignor, if this is	s an Assignment). If this is an Amendment authorized name of DERTOR authorizing this Amendment	by a Debtor w	
NAME OF SECURED PARTY OF RECORD AUTHORIZING Tadds collateral or adds the authorizing Debtor, or if this is a Termination a	THIS AMENDMENT (name of assignor, if this is	s an Assignment). If this is an Amendment authorized name of DEBTOR authorizing this Amendment.	by a Debtor w	
NAME OF SECURED PARTY OF RECORD AUTHORIZING Tadds collateral or adds the authorizing Debtor, or if this is a Termination at 9a. ORGANIZATION'S NAME	HIS AMENDMENT (name of assignor, if this is suthorized by a Debtor, check here and enter	name of DEBTOR authorizing this Amendment.	<u></u>	
	HIS AMENDMENT (name of assignor, if this is suthorized by a Debtor, check here and enter	name of DEBTOR authorizing this Amendment.	<u> </u>	