OLLOW INSTRUCTIONS (front and back) Co. A. NAME & PHONE OF CONTACT AT FILER J. RUFFIN/205.226.1902 B. SEND ACKNOWLEDGMENT TO: (Name of the contact of the	and Address) PANY	Shelby Cnty Ju	210 1/1 \$.00 dge of Probate, AL 11:07 AM FILED/CERT	
· · · · · · · · · · · · · · · · · · ·		THE ABOVE SPACE	IS FOR FILING OFFICE U	SE ONLY
a. INITIAL FINANCING STATEMENT FILE # 2008	80430000177380/SHELBY		to be filed [for record] (or re	corded) in the
. TERMINATION: Effectiveness of the Finan	scing Statement identified above is terminated with		REAL ESTATE RECORDS. Ired Party authorizing this Termin	
. CONTINUATION: Effectiveness of the Fire	nancing Statement identified above with respect t			
continued for the additional period provided to				<u></u>
······································	of assignee in item 7a or 7b and address of assign		· · · · · · · · · · · · · · · · · · ·	
AMENDMENT (PARTY INFORMATION): Also check one of the following three boxes and processing three boxes are processed to the process and processed three boxes are processed to the process and processed to the processed to the processed to the processed to the process and proce	term term	cured Party of record. Check only one of	these two boxes.	
CHANGE name and/or address: Give current	record name in item 6a or 6b; also give new	DELETE name: Give record name	ADD name: Complete item	7a or 7b, and als
name (if name change) in item 7a or 7b and/or CURRENT RECORD INFORMATION:	r new address (if address change) in item 7c.	to be deleted in item 6a or 6b.	item 7c; also complete item	is 7d-7g (if applica
6a. ORGANIZATION'S NAME		······································		
65. INDIVIDUAL'S LAST NAME	FIRST NAME	М	IDDLE NAME	SUFFIX
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CHANGED (NEW) OR ADDED INFORMATION	N:			
CHANGED (NEW) OR ADDED INFORMATION 7a. ORGANIZATION'S NAME	N:		······································	······································
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7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	1	IDDLE NAME	SUFFIX
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7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME STRINGFELLOW MAILING ADDRESS 804 STONERIDGE DR	FIRST NAME LAUREI CITY HELEN	S A	TATE POSTAL CODE LL 35080	COUNTRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME STRINGFELLOW MAILING ADDRESS 804 STONERIDGE DR TAX ID #: SSN OR EIN ADD'L INFO RE 76 ORGANIZATION	FIRST NAME LAUREI CITY HELEN	S A	TATE POSTAL CODE	COUNTRY
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