UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) ALAGASCO 605 Richard Arrington Jr. Blvd N Rirmingham AI 35203

20101029000363020 1/1 \$.00 Shelby Coty Jude - -Shelby Cnty Judge of Probate, AL 10/29/2010 11:48:38 AM FILED/CERT

biriningnam, AL 33203				
	THE ABOVE	SPACE IS FO	OR FILING OFFICE U	SE ONLY
1a. INITIAL FINANCING STATEMENT FILE #		•	s FINANCING STATEME	
20090923000362310		RE	pe filed [for record] (or re AL ESTATE RECORDS.	corded) in the
2. / TERMINATION: Effectiveness of the Financing Statement identified at	bove is terminated with respect to security interest(s) of			
3. CONTINUATION: Effectiveness of the Financing Statement identifie	d above with respect to security interest(s) of the Secu	ured Party auth	orizing this Continuation	Statement is
continued for the additional period provided by applicable law.		•		
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b	and address of assignee in item 7c; and also give name	e of assignor in	item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record. Check onl	y <u>one</u> of these	two boxes.	
Also check one of the following three boxes and provide appropriate information	on in items 6 and/or 7.			
CHANGE name and/or address: Give current record name in item 6a or 6 name (if name change) in item 7a or 7b and/or new address (if address change)	b; also give new DELETE name: Give record nange) in item 7c. to be deleted in item 6a or 6b.	name	DD name: Complete item m 7c; also complete item	n 7a or 7b, and also ns 7d-7g (if applicable).
6. CURRENT RECORD INFORMATION:				to to ta (ii appiloabio).
6a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·		······································	
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
7 OLIANOED (NEW) OD ADDED INFODMATION.			····	······································
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME		······································	·····	
7a. ORGANIZATION S NAME				
OR			· · · · · · · · · · · · · · · · · · ·	
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
Fleming	Joyce			
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2115 Flowerwood Drive	Birmingham	AL	35244	USA
ADD'L INFO RE 7e. TYPE OF ORGANIZATION	N 7f. JURISDICTION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if ar	ny
ORGANIZATION DEBTOR				NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.		<u></u>		140142
Describe collateral deleted or added, or give entire restated co	ollateral description, or describe collateral Tassigns	ed		
Dood, the control of the control of	assigned Last and assigned contacted Last assigned	υ u ,		

9a. ORGANIZATION'S NAME				
ALAGASCO				
9b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX