	三
	=
	·
	三

NONE

				Shelb	215000421650 1/2 y Cnty Judge of /2010 01.16 45	\$.00
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) C		NT		12/15	/2010 01:16:45 PI	M FILED/CERT
A. NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 33		3) 662-4141				
B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing A		BANK OF				
CT Lien Solutions	264627					
P.O. Box 29071 Glendale, CA 91209-9071	ALAL					
	FIXTUF	<b>'</b>	THE A	BOVE SPACE I	S FOR FILING OFFICE U	SE ONLY
	ng Statement identified abov			) of the Secure		rmination Statement.
4. ASSIGNMENT (full or partial): Give name of	f assignee in item 7a or 7	7b and address of	assignee in 7c; and als	o give name	of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Ar		····	Party of record. Check or			
Also check <u>one</u> of the following three boxes <u>and</u> CHANGE name and/or address: Give current record  name (if name change) in item 7a or 7b and/or new	provide appropriate info d name in item 6a or 6b; also	ormation in items 6	and/or 7. ELETE name: Give record be deleted in item 6a or 6		ADD name: Complete itenitem 7c; also complete iten	
6. CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME  SHERRY D OLSON, P C						
6b. INDIVIDUAL'S LAST NAME		FIRST NAME	<u>-</u>	MIDDLE	NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:		· · · · · · · · · · · · · · · · · · ·				
7a. ORGANIZATION'S NAME						
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
7c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
7d. SEE INSTRUCTION   ADD'L INFO RE   7e. TY   ORGANIZATION	PE OF ORGANIZATION	7f. JURISDICTION	OF ORGANIZATION	7g. ORGA	ANIZATIONAL ID #, if any	NONE

9. N	AME OF SECURED PARTY OF RECORD AUTHORIZING adds collateral or adds the authorizing Debtor, or if this is a Terminati	THIS AMENDMENT (name of assignor, if this is an ion authorized by a Debtor, check here and enter n	Assignment). If this is an Amendment author name of DEBTOR authorizing this Amendmen	rized by a Debtor which nt.		
OR	9a. ORGANIZATION'S NAME Bank of America, N.A.					
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX		
<u>.                                      </u>						

10. OPTIONAL FILER REFERENCE DATA

26462777 Debtor Name: SHERRY D OLSON, P C

DEBTOR

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

20101215000421650 2/2 \$.00 Shelby Cnty Judge of Probate, AL 12/15/2010 01:16:45 PM FILED/CERT

	UC FOL	C FINAN	ICING ST	ATEMENT A (front and back	AMENDN () CAREFULLY	IENT AC	DENDUM
*	11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)						m)
**	1997-33565 10/17/97 CC AL Shelby						
*	12. NAME of PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)						
•		12a. ORGANI Bank of Am	IZATION'S NAME nerica, N.A.	E			
	OR	12b. INDIVID	UAL'S LAST NAI	ME	FIRST NAME		MIDDLE NAME, SUFFIX
	13 1	lea this end	aco for additiv	anal information	<u> </u>	··· · · · · · · · · · · · · · · · ·	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: ALL TYPES OR ITEMS OF PROPERTY DESCRIBED ON EXHIBIT "B" ATTACHED HERETO AND MADE A PART HEREOF WHICH ARE LOCATED ON OR USED IN CONNECTION WITH THE REAL PROPERTY DESCRIBED ON EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.