. NAME & PHONE OF C. RUFFIN/205.220		20110124000024570 1/1 \$.00 Shelby Cnty Judge of Probate, AL			
600 NORTH	POWER COMPANY 1 18TH STREET AM, AL 35203		01/24/2011	03:12:22 PM FILE	e, AL D/CERT
. INITIAL FINANCING STA			1b. Th	OR FILING OFFICE US	NT AMENDMEN
AC TERMINIATION. F	20060322000133700/		RE	be filed [for record] (or rec AL ESTATE RECORDS.	
		above is terminated with respect to security interest(s) ed above with respect to security interest(s) of the S			
continued for the add	tional period provided by applicable law.	ed above with respect to security interest(s) or the s	secured Farty autr	ionzing this Continuation	Statement is
ASSIGNMENT (full	or partial): Give name of assignee in item 7a or 7	7b and address of assignee in item 7c; and also give r	name of assignor in	item 9.	
AMENDMENT (PART	Y INFORMATION): This Amendment affects	Debtor or Secured Party of record. Check	only <u>one</u> of these	two boxes.	
	wing three boxes and provide appropriate informat				
CHANGE name and/o name (if name change	r address: Give current record name in item 6a or ) in item 7a or 7b and/or new address (if address o	6b; also give new DELETE name: Give reco change) in item 7c. to be deleted in item 6a or	ord name A 6b. ite	DD name: Complete item m 7c; also complete item	7a or 7b, and ales 7d-7g (if applic
CURRENT RECORD IN					
6a. ORGANIZATION'S	NAME				
R 6b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME SUFF	
STEDMAN		JAMES		W.	
CHANGED (NEW) OR A	ADDED INFORMATION:				
7a. ORGANIZATION'S			······································		·····
7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
STEDMAN		LYNN	W.		
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTR
100 CATNER OTTA		HELENA	AL	35080	
182 SAINT CHA		ON 7f. JURISDICTION OF ORGANIZATION	/g. ORG	SANIZATIONAL ID #, if an	iy 
	ORGANIZATION				
TAX ID #: SSN OR EIN	ORGANIZATION DEBTOR				
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