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IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor w	CLAYTON CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CLAYTON MAILING ADDRESS 919 6TH AVE NW TAX ID #: SSN OR EIN ADD'L INFO RE 7e, TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral restated collateral added, or give entire restated collateral add	FIRST NAME DOUGLAS CITY ALABASTER 7f. JURISDICTION OF OR ral description, or describe co	GANIZATION Ollateral assigned.	MIDDLE N W. STATE AL 7g. ORGA	POSTAL CODE 35007 NIZATIONAL ID #, if any	COUNTR
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