CC FINANCING STATEMENT AMEND	MENT		
LLOW INSTRUCTIONS (front and back) CAREFULLY			
NAME & PHONE OF CONTACT AT FILER [optional]			
Kellie Owens; 205-221-4111 SEND ACKNOWLEDGMENT TO: (Name and Address)		201102080000045280 1/1 \$.00 20110208000045280 of Probate, Shelby Cnty Judge of PM FILED/C	AL ERT
		Shelby Cnty Judge of Probate Shelby Cnty Judge of Probate No. 2/08/2011 12:30:17 PM FILED/C	
D-1			
Pinnacle Bank 1811 Second Avenue			
Jasper, AL 35501			
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<u></u>	THE A	BOVE SPACE IS FOR FILING OFFICE US	E ONLY
. INITIAL FINANCING STATEMENT FILE # 20080520000205440		1b. This FINANCING STATEME to be filed [for record] (or re REAL ESTATE RECORDS.	
X TERMINATION: Effectiveness of the Financing Statement identif	fied above is terminated with respect to security inte		rmination Statement.
CONTINUATION: Effectiveness of the Financing Statement iden continued for the additional period provided by applicable law.			
ASSIGNMENT (full or partial): Give name of assignee in item 7a	or 7b and address of assignee in item 7c; and also	give name of assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affect		eck only <u>one</u> of these two boxes.	
Also check one of the following three boxes and provide appropriate inf	formation in items 6 and/or 7.		7 - 71
CHANGE name and/or address: Give current record name in item 6a name (if name change) in item 7a or 7b and/or new address (if address)	or 6b; also give new DELETE name: Give recess change) in item 7c. to be deleted in item 6		/a or /b, and also is 7d-7g (if applicable
CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
,			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
OD. INDIVIDUAL S LAST NAIVE		MIDDLE NAME C.	SUFFIX
Earwood	Greg		SUFFIX
			SUFFIX
Earwood CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	Greg	C.	
Earwood CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			SUFFIX
Earwood CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	Greg FIRST NAME	C.	
Earwood CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	Greg	C. MIDDLE NAME	SUFFIX
Earwood CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 108 Winterhaven Cove TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZA	FIRST NAME CITY Alabaster	MIDDLE NAME STATE POSTAL CODE AL 35007	SUFFIX
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