			! <del>T</del>				
FOLLOW INSTRUCTION		ENT AMENDMEN ) CAREFULLY	<b>; i</b>				
A. NAME & PHONE OF C	ONTACT AT FILE	ER [optional]					
B. SEND ACKNOWLEDG							
	•	ie and Address)					
56385715 - 35	8370				ii <b> i </b>		
· ·	Service Co.						
	tevenson Dr			6570 1/1	\$29 . UU		
Springfield,	IL 62703			2011030/0000/ Shelby Cnty J 03/07/2011 03	:52:46 PM	FILED/CERT	
		Filed In: Alabam	a Shelby			R FILING OFFICE US!	E ONLY
1a. INITIAL FINANCING STA	TEMENT FILE #		1b. This FINANCING STATEMENT AMENDMENT is				
2006051000022097		· · · · · · · · · · · · · · · · · · ·	to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.				
		nancing Statement identified above is					· · - · ·
3. CONTINUATION: continued for the addi		Financing Statement identified about the statement of the state of the statement identified about the statement identified a	ve with respect to se	curity interest(s) of the Secu	red Party auth	orizing this Continuation St	tatement is
4. ASSIGNMENT (full	or partial): Give nar	ne of assignee in item 7a or 7b and a	address of assignee in	item 7c; and also give name	of assignor in	item 9.	
5. AMENDMENT (PART)	Y INFORMATION	): This Amendment affects De	btor <u>or</u> Secured	Party of record. Check onl	y <u>one</u> of these	two boxes.	·
	_	d provide appropriate information in it		· Circa consent marries			h andala-147
in regards to changing t	ne name/address of a	to be deleted in	: Give record name item 6a or 6b.		ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).		
6. CURRENT RECORD IN 6a. ORGANIZATION'S N		1 & ANDERSON CON	STRUCTION	INC			
OR 6b. INDIVIDUAL'S LAST	NAME	TEIRST NAME	FIRST NAME		MIDDLE NAME SUFFIX		
OD. INDIVIDUAL S LAST NAIVIE				FIRST NAME		JOSE IVINE	
7. CHANGED (NEW) OR A	DDED INFORMAT	ION:		······································		<del></del>	<u> </u>
7a. ORGANIZATION'S N	IAME	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · ·	<del></del>
7b. INDIVIDUAL'S LAST NAME			FIRST NAME		IMIDDLE		
					MIDDLE NAME		SUFFIX
7c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS	ORGANIZATION	7e. TYPE OF ORGANIZATION	7f. JURISDICTION	OFORGANIZATION	7g. ORG	ANIZATIONAL ID#, if any	
8 AMENIOMENT (COLL)	DEBTOR	T): abade ande ana hay				·	NONE
8. AMENDMENT (COLLA Describe collateral de		or give entire restated collatera	al description, or des	scribe collateral  assigne	ed.		
	<u> </u>						
0504050							
		ORD AUTHORIZING THIS AME or if this is a Termination authorized I					by a Debtor which
		nmercial a div Synovu		<u> </u>			
OR				······································			
9b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
10.OPTIONAL FILER REFERE	NOE DATA IN - 1	STATE CIDCONI O ANDE	DCON CON	STOLIOTION			
TO, OF HOME FILER REFERE	-uorbuiy Det	otor: GIBSON & ANDE	KOUN CON	STRUCTION INC			56385715