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UCC FINANCING STATEMENT AMENDMEN	T		
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
	201103290	00097860 1/1 \$ 00	
Alagasco	ouginy CL	ty Judge of Probate, AL 1 12:12:24 PM FILED/CERT	
605 Richard Arrington Jr Blvd N		' 'Z: 'Z: Z4 PM FILED/CERT	
Birmingham, AL 35203			
	THE ABOVE SPA	CE IS FOR FILING OFFICE USE	DNLY
1a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEMENT	MENDMENT is
20110126000028240		to be filed [for record] (or recorded REAL ESTATE RECORDS.	ed) in the
2. TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect to security interest(s) of the S	Secured Party authorizing this Termination	n Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	e with respect to security interest(s) of the Secured	Party authorizing this Continuation Stat	ement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	ddress of assignee in item 7c; and also give name of	assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Deb	otor or Secured Party of record. Check only on	e of these two boxes.	
Also check one of the following three boxes and provide appropriate information in it CHANGE name and/or address: Give current record name in item 6a or 6b; also		ADD name: Complete item 7a o	or 7h, and also
name (if name change) in item 7a or 7b and/or new address (if address change)		item 7c; also complete items 7d	
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			
OR 6b. INDIVIDUAL'S LAST NAME	TEIDOTNANE	MIDDLE NAME	TOUETIV .
Curry	FIRST NAME Barry	TZ	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:	Dairy		
7a. ORGANIZATION'S NAME			
OR			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
2095 Royal Fern Lane	Birmingham	AL 35244	US
ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	<u> </u>
ORGANIZATION DEBTOR			NON
8. AMENDMENT (COLLATERAL CHANGE): check only one box.		······································	
Describe collateral deleted or added, or give entire restated collatera	al description, or describe collateral assigned.		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	ENDMENT (name of assignor, if this is an Assignmen	nt). If this is an Amendment authorized by	y a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized			
9a. ORGANIZATION'S NAME			
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
JOB. HADRAIDONE O ENGLISANIE			
10. OPTIONAL FILER REFERENCE DATA			<u> </u>