



JCC FINANCING STATEMENT AMENDMEI	NT		
OLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional] Elizabeth A. Chapman 704.335.9855			
3. SEND ACKNOWLEDGMENT TO: (Name and Address)			
round Admid Admess;			
Elizabeth A. Chapman			
Parker Poe Adams & Bernstein LLP			
401 South Tryon Street, Suite 3000			
Charlotte, NC 28202			
libbychapman@parkerpoe.com			
	THE ABOVE	CDACE IO FOD EU DIO OFFIO	
a INITIAL FINANCING STATEMENT FILE #	THE ABOVE	SPACE IS FOR FILING OFFIC 1b. This FINANCING STAT	
20100719000229320 Filed 07/19/2010		to be filed [for record] (or recorded) in the
✓ TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to security interestrs) of	THE CANAL CONTRACTOR	THE CONTRACTOR OF THE CONTRACT
CONTINUATION: Effectiveness of the Financing Statement identified ab 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 nan	ne of assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affects December 1			
Also check one of the following three boxes and provide appropriate information in		ty <u>wite</u> of the set (we boxes.	
CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)	DELETE name: Give record a) in item 7c		item 7a or 7b, and also
CURRENT RECORD INFORMATION	cining the penderent mitem of or	. Linemi / c. also complete	items 7d-7g (if applicable
6a. ORGANIZATION'S NAME	······································		
Fiberlincs, LLC as Debtor			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME		······································	
R	yy		
76. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
d. TAX ID #. SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION			
ORGANIZATION '	7f JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #,	if any
DEBTOR			NON
AMENDMENT (COLLATERAL CHANGE) check only one box Describe collateral deleted or added, or give entire restated collater	ral description, or describe collateral assign	ed	
			
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	ENDMENT (name of assignor, if this is an Assign	ment). If this is an Amendment authorized	orized by a Debtor which
9a ORGANIZATION'S NAME	and enter name of L	CDIOR authorizing this Amendmer	าเ
Ervin Cable Construction, LLC			
9b. INDIVIDUAL'S LAST NAME	FIRST MANAC	MAIDOLC ALABAC	
	FIRST NAME	MIDDLE NAME	SUFFIX
OPTIONAL FILER REFERENCE DATA			
helby County AL/122333			