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OLLOW INSTRUCTE	NG STATEMENT AMEND	MENT			
A. NAME & PHONE O	F CONTACT AT FILER Intional				
John L. Hartman,	III (205) 879-0500				
B. SEND ACKNOWLE	DGMENT TO: (Name and Address)		•		
John L. Ha	rterion III				
Hariman &	Springfield				
P. O. Box 8	346				
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. INITIAL FINANCING ST	ATEMENT FILE #	T	HE ABOVE SPACE IS FOR	FILING OFFICE U	SE ONLY
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CONTINUATION:	Effectiveness of the Financing Statement Identif	led above with respect to security	/ Interest(s) of the Secured Party	authorizing this Terrals	nation Stateme
	Effectiveness of the Financing Statement identificational period provided by applicable law.				Statement is
ASSIGNMENT (fu	if or partial): Give name of assignee in item 7s or	7b and address of assignmen in from 7c; and			
A SALC	This Amendment affects	Deblor or Serviced Back of service	enau give name of assignor in ite	em g.	
WIRD CLINICK OUTS OF THE TOP	owing three boxes and provide appropriate informa	tion in Herre 6 andior 7	ird. Check only one of these two	o boxes.	· · · · · · · · · · · · · · · · · · ·
CHANGE hame and/o	or address: Give current record name in Item 6a or e) in Item 7a or 7b and/or new address (if address	6b; also give new DELETE name:	Give record name The ADD	namet Camalata II	.
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