UC	C FINANCING STATEMENT AMENDI	1ENT		•		
Α. Ν	OW INSTRUCTIONS (front and back) CAREFULLY IAME & PHONE OF CONTACT AT FILER [optional] on L. Hartman, III Phone: (205) 879-0500		** E 12 B 1 L L L	!		
B.·S	END ACKNOWLEDGMENT TO: (Name and Address)		20120309000082370 1/1 \$29.00 20120309000082370 Of Probate: AL			
	John L. Hartman, III Hartman & Springfield P. O. Box 846 Birmingham, AL 35201-0846				Probate, AL 7 AM FILED/CERT	
			THE ABOVE S	SPACE IS FO	R FILING OFFICE U	SE ONLY
	NITIAL FINANCING STATEMENT FILE # 20110302000070470				FINANCING STATEME e filed (for record) (or re AL ESTATE RECORDS.	
I	TERMINATION: Effectiveness of the Financing Statement identified			he Secured Par	ty authorizing this Termin	nation Statement.
L	CONTINUATION: Effectiveness of the Financing Statement identication continued for the additional period provided by applicable law.	fied above with respect to security	interest(s) of the Secu	red Party autho	orizing this Continuation	Statement is
	ASSIGNMENT (full or partial): Give name of assignee in item 7a or					
	MENDMENT (PARTY INFORMATION): This Amendment affects so check one of the following three boxes and provide appropriate informations are checked to the following three boxes and provide appropriate informations.		y of record. Check only	<u>one</u> of these t	wo boxes.	
	CHANGE name and/or address: Give current record name in item 6a of name (if name change) in item 7a or 7b and/or new address (if address	D name: Complete item n 7c; also complete item	n 7a or 7b, and also ns 7d-7g (if applicat			
_	URRENT RECORD INFORMATION:		eleted in item 6a or 6b.			
	6a. ORGANIZATION'S NAME NSH Corp.	•				
	66. INDIVIDUAL'S LAST NAME	FIRST NAME	···	MIDDLE	NAME	SUFFIX
_	HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	·····		<u>s.</u>		
R	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	· · · · · · · · · · · · · · · · · · ·	MIDDLE	NAME	SUFFIX
	AILING ADDRESS	CITY	·	STATE	POSTAL CODE	COUNTRY
	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	ON 7f. JURISDICTION OF C	PRGANIZATION	7g. ORG	ANIZATIONAL ID#, if an	ny NC
	MENDMENT (COLLATERAL CHANGE): check only one box.			.4		
De	scribe collateral / deleted or added, or give entire restated	collateral description, or describe	collateralassigne	ıa.		
Lo	ot 1, according to the Final Pla	at of the Resid	ential Sub	divisi	on Southpoi	nte Ride
as	recorded in Map Book 39, page	7, in the Prob	ate Office	of She	elby County	, Alabar
		_				
	AME OF SECURED PARTY OF RECORD AUTHORIZING TH					ed by a Debtor which
	ds collateral or adds the authorizing Debtor, or if this is a Termination auto a. ORGANIZATION'S NAME	horized by a Debtor, check here	and enter name of D	EBTOR autho	rizing this Amendment.	. <u></u>
ad	70. (/)\\)ANILLAIN NY 3 MAME					
ad	Compass Bank					