ICC FINANCING STATEMENT AMEN		-		
	DMENT			
NAME & PHONE OF CONTACT AT FILER [optional]  John L. Hartman, III Phone: (205) 879-0500				
3. SEND ACKNOWLEDGMENT TO: (Name and Address)			<b>_</b>	
John L. Hartman, III			- <b>                                    </b>	
Hartman & Springfield			1/1 \$29.00 of Probate, AL of PM FILED/CERT	
P. O. Box 846 Birmingham, AL 35201-0846	W The state of the	30515000173670	of Probate, AL	
Diffingham, AL 33201-0040		Shelby Cnty Juage Shelby Cnty Juage	of Probate, AL of Probate, AL 05 PM FILED/CERT	
		05/15/2012		
		THE ABOVE SPACE I	S FOR FILING OFFICE	USE ONLY
INITIAL FINANCING STATEMENT FILE #		1b.	This FINANCING STATEM to be filed [for record] (or re	
20110302000070470	stifical above is together with respect to any	with interact(a) of the Secure	REAL ESTATE RECORDS	S.
TERMINATION: Effectiveness of the Financing Statement iden CONTINUATION: Effectiveness of the Financing Statement iden				
continued for the additional period provided by applicable law.	Toopoot to documenty into	and boodied carry		
ASSIGNMENT (full or partial): Give name of assignee in item 7	7a or 7b and address of assignee in item 7c; a	and also give name of assign	nor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment aft		ecord. Check only <u>one</u> of the	nese two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate in CHANGE name and/or address: Give current record name in item	6a or 6b: also give new DELETE na	me: Give record name	ADD name: Complete ite	
name (if name change) in item 7a or 7b and/or new address (if add CURRENT RECORD INFORMATION:	dress change) in item 7c to be deleted	d in item 6a or 6b.	item 7c; also complete ite	ems 7d-7g (if applicable
6a. ORGANIZATION'S NAME	*			
NSH Corp.  6b. INDIVIDUAL'S LAST NAME	TEIDOTNANC	Tikara	DLE NAME	LOUECIV
OB. INDIVIDUAL'S LAST NAME	FIRST NAME	IMIL	DLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME		<u> </u>		
R 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	IMIC	DLE NAME	SUFFIX
TO. INDIVIDUALE OF CALOURANCE				
: MAILING ADDRESS	CITY	STA	ATE POSTAL CODE	COUNTRY
	· · · · · · · · · · · · · · · · · · ·			
ADD'L INFO RE 7e. TYPE OF ORGAN ORGANIZATION	IZATION 7f. JURISDICTION OF ORGA	ANIZATION 7g.	ORGANIZATIONAL ID #, if	any ——
DEBTOR				NON
AMENDMENT (COLLATERAL CHANGE): check only one box Describe collateral deleted or added, or give entire rest		toral Descioned		
Describe collateral V deleted or ladded, or give entire rest	tated collateral description, or describe colla	aterai Lassigneo.		
Lot 7, according to the Final			<del>-</del>	
as recorded in Map Book 39, p	age 7, in the Proba	te Office of	Shelby Coun	ity, Alaba
	-			
	G THIS AMENDMENT (name of assignor			
		d antar name of DERTAR	authorizing this Amendment.	
adds collateral or adds the authorizing Debtor, or if this is a Termination			additionally time ratherinational	•
adds collateral or adds the authorizing Debtor, or if this is a Termination 9a. ORGANIZATION'S NAME			data to the state of the state	•
			DLE NAME	SUFFIX