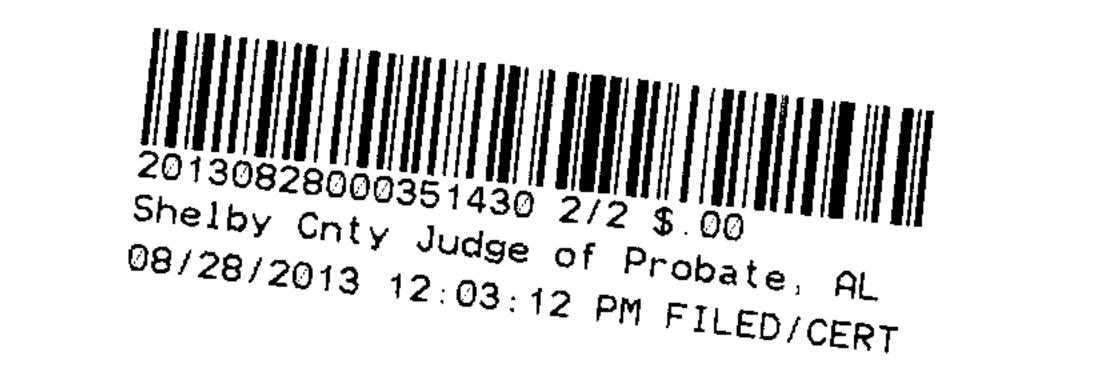
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UCC FINANCING STATEMENT AMENDMENT

| FOLLOW INSTRUCTIONS (front and back) | CAREFULLY |
|---|------------------------------|
| A NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818) 66 | 62-4141 |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) | 10729 - BANC OF AMERICA PRAC |
| CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 | 39570268 ALAL FIXTURE |
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| | | Shelby, AL | · | THE ABOVE S | | R FILING OFFICE | |
| INITIAL FINANCING STATEMENT FIL 0090702000256060 7/ | | C AL Shelby | · | | to be | INANCING STATEMENT A filed [for record] (or record ESTATE RECORDS. | |
| TERMINATION: Effectiveness of the | ne Financing Si | tatement identified above is | terminated with respect to security | interest(s) of the Secured Party | authorizing this T | ermination Statement. | |
| CONTINUATION: Effectiveness of continued for the additional period | | | with respect to security interest(s) | of the Secured Party authorizing | this Continuation | Statement is | |
| ASSIGNMENT (full or partial): Give | e name of assig | gnee in item 7a or 7b and a | ddress of assignee in item 7c; and | also give name of assignor in ite | em 9. | | |
| MENDMENT (PARTY INFORMATION) |): This Amend | ment affects Debtor or | Secured Party of record. C | heck only <u>one</u> of these two box | es. | | · · · · · · · · · · · · · · · · · · · |
| lso check <u>one</u> of the following three bo | oxes <u>and</u> provi | | | - | | | |
| CHANGE name and/or address: Ple | lease refer to th | ne detailed instructions | DELETE name: | Give record name | ADD | name: Complete item 7a or omplete items 7e-7g (if app | 7b and also item |
| in regards to changing the name/ad URRENT RECORD INFORMATION: | idress of a part | ty. | to be deleted in | item ba or bb. | L also c | ompiete items /e-/g (it app | Micable). |
| 6a. ORGANIZATION'S NAME | | | | | | <u> </u> | <u>.</u> |
| HIS PLACE PROPER | TIES, LL | C | | | | | |
| 6b. INDIVIDUAL'S LAST NAME | | | FIRST NAME | | MIDDLE I | NAME | SUFFIX |
| | | | | | | | |
| LIANOED (NENADOD ADDED IN | (EODMATIO | | <u> </u> | | <u> </u> | | <u> </u> |
| HANGED (NEW) OR ADDED IN 7a. ORGANIZATION'S NAME | II ONWATIO | | | · , · · · · · · · · · · · · · · · · · | | | |
| 7 a. ONGANIZATION SINAMIL | | | | | | | |
| 71 (NON #5) (ALIS LAST NAME | | | L CIDOT NAME | -··- | TAUDDI E I | | LOUEEIX |
| 7b. INDIVIDUAL'S LAST NAME | | | FIRST NAME | | MIDDLE | NAME | SUFFIX |
| | | | | | | | |
| MAILING ADDRESS | | | CITY | | STATE | POSTAL CODE | COUNTR |
| | | | | | | | |
| <u>QEE MOTRO FICITO</u> | L INFO RE ANIZATION | 7e. TYPE OF ORGANIZAT | TION 7f. JURISDICTION | OF ORGANIZATION | 7g. ORGA | WIZATIONAL ID #, if any | |
| DEBT | 4 | | | | | | |
| MENDMENT (COLLATERAL CHANGE | E): check only (| one box. | · · · · · · · · · · · · · · · · · · · | | | | |
| escribe collateral deleted or | added, or giv | restated collate | eral description, or describe collat | eral assigned. | | | |
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| AME OF SECURED PARTY OF RECO | RD AUTHORI | ZING THIS AMENDMENT (| (name of assignor, if this is an Ass | gnment). If this is an Amendmen | nt authorized by a | Debtor which | |
| | | | | gnment). If this is an Amendment and enter name of DEBTOR author | - | | |
| | | | | | - | | |
| adds collateral or adds the authorizing l | Debtor, or if this | | | | - | | |
| 9a. ORGANIZATION'S NAME Bank of America, N.A | Debtor, or if this | | ed by a Debtor, check here ar | | orizing this Amend | ment. | |
| adds collateral or adds the authorizing I | Debtor, or if this | | | | - | ment. | SUFFIX |
| 9a. ORGANIZATION'S NAME Bank of America, N.A | Debtor, or if this | | ed by a Debtor, check here ar | | orizing this Amend | ment. | SUFFIX |
| Bank of America, N.A | Debtor, or if this | is is a Termination authorize | ed by a Debtor, check here ar | | orizing this Amend | ment. | SUFFIX |



| _ | CC FINANCING STATEM LOW INSTRUCTIONS (front and back) CAREF | | DDENDUM |
|-------|--|-----------------------------------|---------------------|
| | INITIAL FINANCING STATEMENT FILE # (sa 0090702000256060 7/2/200 | | |
| 12. 1 | NAME OF PARTY AUTHORIZING THIS AMEN | DMENT (same as item 9 on Amendmen | t form) |
| | 12a. ORGANIZATION'S NAME Bank of America, N.A | | |
| OR | 12b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX |
| 13.L | Jse this space for additional information | | |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Real Estate Description follows:

Recorded Owner: Owner Address:,

Description: see exhbit "A"