	CC FINANCING STATEMENT AMENDM	ENT				
A.	NAME & PHONE OF CONTACT AT FILER (optional) Barbara Sanders 256-329-7578 7400504100					
L	E-MAIL CONTACT AT FILER (optional) bsanders@usameribank.com					
	SEND ACKNOWLEDGMENT TO: (Name and Address) USAMERIBANK DO BOY 1227		7			
	PO BOX 1237 ALEXANDER CITY, AL 35011					
			THE A	BOVE SPACE	IS FOR FILING OFFICE US	E ONLY
	INITIAL FINANCING STATEMENT FILE NUMBER CC # 20061024000524190 Shelby Co, Al		(or recorded)) in the REAL ES	NT AMENDMENT is to be filed [f STATE RECORDS dum (Form UCC3Ad) and provide De	-
2. [Z TERMINATION: Effectiveness of the Financing Statement identified Statement	d above is terminat				
3.[ASSIGNMENT (full or partial): Provide name of Assignee in item 7 For partial assignment, complete items 7 and 9 and also indicate affe			с <u>and</u> пате of A	ssignor in item 9	
4.[CONTINUATION: Effectiveness of the Financing Statement identification continued for the additional period provided by applicable law	fied above with resp	pect to the security inter-	est(s) of Secure	d Party authorizing this Continua	ation Statement is
5.[Meck one of these two boxes.	ock <u>one</u> of these thre				
	his Change affects Debtor or Secured Party of record CURRENT RECORD INFORMATION: Complete for Party Information	item 6a or 6b; <u>and</u> it	/or address: Complete em 7a or 7b <u>and</u> item 7c only one name (6a or 6b)	ADD name: 7a or 7b, <u>an</u>	Complete item DELETE name d item 7c to be deleted i	e: Give record nami in item 6a or 6b
	69. ORGANIZATION'S NAME NSDKT Properties, L.L.C.		<u> </u>			
OR		FIRST PER	SONAL NAME	A	DDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. (CHANGED OR ADDED INFORMATION: Complete for Assignment or Party I 7a. ORGANIZATION'S NAME	Information Change - pro	vide only <u>one</u> name (7a or 7b) (use exact, full name,	do not amit, modify, or abbreviate any pa	rt of the Debtor's name)
OR	7b. INDIVIDUAL'S SURNAME					
	7. INDIVIDUAL 3 SUKINANIE					
	INDÍVÍDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7¢.	MAILING ADDRESS	CITY		s	TATE POSTAL CODE	COUNTRY
8.	COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collaters	al RES	TATE covered collateral	ASSIGN collatera
	Indicate collateral:		201	71017000377	510 1/1 \$.00	
					idge of Probate, AL 44:50 AM FILED/CERT	
	NAME OF SECURED PARTY OF RECORD AUTHORIZING TH		-	e (9a or 9b) (nam	e of Assignor, if this is an Assignm	ment)
İ	9a. ORGANIZATION'S NAME	ovide name of autho				
OR	USAmeriBank, successor by merger to A 9b. INDIVIDUAL'S SURNAME		K SONAL NAME	AI	DDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	OPTIONAL FILER REFERENCE DATA: Liquid Proeprties					