STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

Important: Read Instructions on Back Before Filling out Form.

The Believ to a transmission williage		This SINANCING STATEMENT IS NOT	ented to a Ciling Office	
The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is pres	ercial Code.	cer for
First National Bank o P O Box 977 Columbiana Al 25051	f Columbiana	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		
Columbiana, Al 35051			04512	14512 IFIED PREMIE
Name and Address of Debtor McKenna, Beverly P O Box 304 Columbiana, Al 35051	(Last Name First if a Person)		+ + 0.094	
Social Security/Tax ID #	(Last Name First if a Person)		SCH	02.0 03.23 SHELBY
Social Security/Tax ID #				a ,
☐ Additional debtors on attached UCC-E				
First National Bank of P o Box 977 Columbiana, Al 35051 Social Security/Tax ID #	f Columbiana			
5. This statement refers to original Financing Statem	nent bearing File No. 1993-17551			<u> </u>
Filed with County		Date Filed 6-16-93	, 19	
6. Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. Aftermination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. Partial or Full property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4. 9. Amendment Financing statement bearing file number shown above is amended as set forth in item 11. 10. Partial Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.				
1993 Boat			11 A .	Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
		•		
Check X if covered: Products of Collateral are also	o covered.			
Signature(s) of Debtor(s)		First National Bank	of Columb	Zana
Signature(s) of Debtor(s) (necessary only if item 9 i	s applicable)	Signature(s) of Secured Party(ies)	MUVO	4/-
Type Name of Individual or Business	OECICEO COOV	Type Name of Individual or Business	DIA INDECEMANA	MEDCIAL CODE FORMULOS S
• •	OFFICER COPY — ACKNOWLEDGEMENT OPY — SECOND PARTY(S) (RM — UNIFORM COM proved by The Secretar	MERCIAL CODE — FORM UCC-3 y of State of Alabama