

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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | No. of Additional Sheets Presented: | This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.                                                                                                                                                                                                                                                                                                                                                                   |
| 1. Return copy or recorded original to<br><br><b>First Alabama Bank/Shelby County</b><br><b>P. O. Box 216</b><br><b>Pelham, AL. 35124</b><br><br>Pre-paid Acct. # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Inst # 1995-29330</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">10/16/1995-29330</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">09:00 AM CERTIFIED</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">SHELBY COUNTY JUDGE OF PROBATE</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">001 MCD 15.00</div> |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br><b>Beane, Don</b><br><b>Rt. 2 Box 391</b><br><b>Montevallo, AL. 35115</b><br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 3. SECURED PARTY (Last Name First if a Person)<br><br><b>FIRST ALABAMA BANK</b><br><b>P. O. Box 633</b><br><b>Helena, AL. 35080</b><br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)                                                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 5. <input checked="" type="checkbox"/> This statement refers to original Financing Statement bearing File No. <b>026828</b><br>Filed with <b>Shelby County Judge of Probate</b> Date Filed <b>10-30</b> 19 <b>90</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 6. <input checked="" type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.<br>7. <input type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.<br>8. <input type="checkbox"/> Partial or Full Assignment. The Secured Party's right under the financing statement bearing file number shown above to the 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.<br>9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11<br>10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above. |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 11. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br><div style="text-align: right; font-size: 1.2em;"><b>6 0 0</b></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Check X if covered: <input checked="" type="checkbox"/> Products of Collateral are also covered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Signature(s) of Debtor(s)<br><br>Signature(s) of Debtor(s) (necessary only if item 9 is applicable)<br><b>Don Beane</b><br>Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | Signature(s) of Secured Party(ies)<br><b>First Alabama Bank/Shelby County</b><br>Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                                            |