## 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 Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is present filling pursuant to the Uniform Commercia	ed to a Filing C Il Code.	Officer for
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		
TRANSAMERICA FINANCIAL SERVICES P.O. BOX 1380 CLANTON, AL. 35045			939	339 - TED BATE
Pre-paid Acct. #			Š	in H & S
2. Name and Address of Debtor (Last Name First if a Person)		-	1	
LOZEAU, MICHAEI 185 SUNRISE CII WILSONVILLE, AI	RCLE L. 35186		1995 * 1995	12/08/1995 1:34 PM CE SELBY COUNTY JUNE 961 MCD
Social Security/Tax ID #(i  A. Name and Address of Debtor (i	iF ANY) (Last Name First if a Person)		I	T G
LOZEAU, DOROTHY 185 SUNRISE CIE WILSONVILLE, AI	RCLE			
Social Security/Tax ID #	<del> </del>			
Additional debtors on attached UCC-E SECURED PARTY (Last Name First if a Pers		4. ASSIGNEE OF SECURED PARTY (IF	ANY)	(Last Name First if a Person)
P.O. BOX 1380 CLANTON, AL. 35 Social Security/Tax (D #				
5. This statement refers to original Financin	<u>, , , , , , , , , , , , , , , , , , , </u>	1994 - 13772 Date Filed 4-27_	10 (	<del>14</del>
6. Continuation. The original financing stat 7. XX ermination. Secured Party no longer of the Secured Party's right property described in item Assignment. Whose name and address Financing statement beart Secured Party releases the Release number shown above.  1.	claims a security interest under the financing statement under the financing statement bearing file number so all of the property listed on this file, is assignable appears in item 4.  Ing file number shown above is amended as set forthe collateral described in item 11 from the financing seconds.	hown above to the ned to the assignee in item 11.		
1980 BASS TRAC	CKER BOAT - AL 1090 PK		11	IA. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
Check X if covered:  Products of Collaters	al are also covered.	<u>.</u>		<b>.</b>
Signature(s) of Debtor(s)		Signatuge(s) of Segured Party(ies)	7	
	id item O in continue (a)	I (ILLY) MIN	W_	
Signature(s) of Debtor(s) (necessary only i	ii item a is applicacie)	Signature(s) of Secured Party(ies)  TRANSAMERICA FINA  Type Name of Individual or Business	NCIAL S	SERVICES
Type Name of Individual or Business  FILING OFFICER COPY — ALPHABETICAL (3)	3) FILING OFFICER COPY ACKNOWLEDGEMENT	Type Name of Individual or Business STANDARD FORM	— UNIFORM CO	MMERCIAL CODE — FORM UC