☐ The Debtor is a transfer as defined in ALA CO	_	No. of Additional Sheets Presented: 0	This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.	f
1. Return copy or record CSC NETWORK 2730 GATEWAY Sacramento, CA	S/PHL&FS Y OAKS STE.100		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
			5.50	ED TED
Pre-paid Acct. #	at Dahaa	(Last Name First if a Person)	-	3 L & S
2. Name and Address DODEDT MEDD		YNN PIPE AND SUPPLY,		0 - 3
INC.	(ILE PETMIN / PET	INN FIFE AND SOLLET,		
710 INDUSTRIA PELHAM, AL	AL PARK DRIVE 1 35124	PO BOX 1263		34/1996 3 AM CE 1 COUNTY JUBE
Carial Carreity (Tax	415.44			
Social Security/Tax 2A. Name and Address		Y) (Last Name First if a Person	. 	2 4 8
ZA. Name and Address	, Debtoi			
Social Security/Tax I	D#	· -	FILED WITH:	·
	on attached LICC-E		County, Shelby	
Additional debtors	SS OF SECURED PARTY) (La	est Namo First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
SMALL BUSIN 2121 8TH AVE. BIRMINGHAM		ATION		
Social Security/Tax I		_		
_	parties on attached UCC-E			
5. This statement of Filed with Co	refers to original Financing Sta unty, Shelby	atement bearing Fife No. 029892	Date Filed 11/14/91	19
6. X Continuation. 7. Termination. 8. Partial or Full Assignment. 9. Amendment 10. Partial Release	The original financing stater Secured Party no longer cla The Secured Party's right uproperty described in item 1 whose name and address a Financing statement bearing	tims a security interest under the financing under the financing statement bearing file n 1.1 or to all of the property listed on this fil	le, is assigned to the assignee set forth in item 11.	
11.				11A. Enter Code(s) From
LN 462 145 300	06	-		Back of Form That Best Describes The Collateral Covered By This Filing
				-
	•			
				_ _ _ _ _
				
				_
	•			
Check X if covered:	Products of Collateral are	also covered.	CSC#/U000038/96-000116A/1/1 AL:Shelby County	
Signature(s) of Debt	or(s)	PE AND SUPPLY, INC.	Signature(s) of Secured Party (S) AHON	ney in fact
	or(s) (necessary only if item 9	is applicable)	Signature(s) of Secured Party(ies) Terriolson Attorney Type Name of Individual or Business	in fact
Type Name of Indivi		(2) EII ING AFEIGER CORY ACKNOWLEDGEN	CONTRACTOR CONTRACTOR CONTRACTOR	CIAL CODE-FORM UCC-3
(1) FILING OFFICER COPY (2) FILING OFFICER COPY		(3) FILING OFFICER COPY-ACKNOWLEDGEM (4) FILE COPY-SECURED	(5) FILE COPY DESTOR(S) Approved by The Secretary	