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.

AMERICAN BANC SUPPLY CO., INC., Americus, GA. 31709 1-800-327-3931

☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is filling pursuant to the Uniform Co	presented to Effling Offi immercial Code.	cer tor
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICE Date, Time, Number & Filing Office		
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Pre-peld Acct. #	(Last Name First if a Person)	Ì		7 5 6
Sonics Associates, Inc.	(Cast Hanks I hat it a 1 Grown)		Ġ.	0 4
2111 Parkway Office Circ	1_		O	- ° ° ° €
Birmingham, AL 35244	.16		→ 1	# E 8
Dilmingham, an 33244	· .		♣ ≟	N 8 =
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Social Security/Tax ID #	- 		Ĕ,	500
A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)]		
N/A	•		*	
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			:	
Social Security/Tex ID #				
Additional debtors on attached UCC-E	:	·		
3. SECURED PARTY (Last Name First if a Person)	· · · · · · · · · · · · · · · · · · ·	4. ASSIGNEE OF SECURED PARTY	(IF ANY)	(Last Name First if a Person
Idea Co. Ltd.		4		
Wisteria Height Ichibano	tho #906	N/A	•	
8 Ichiban-Cho, Chiyoda-l				
Tokyo 102 Japan	A.C.	•		
Social Security/Tax ID #				
Additional secured parties on attached UCC-E				
5. This statement refers to original Financing State	ment heering File No. 1996-37331			
Filed with Shelby County Ju		Date Filed 11-8	19. 9.	6
6. Continuation. The original financing statement			till effective.	
7. Termination. Secured Party no longer claims a 8. Partial or The Secured Party's right under to	security interest under the financing statement the financing statement bearing file number s to all of the property listed on this file, is assig	ant bearing the file number shown above. shown above to the med to the assignee in item 11.		
11.				
A Sonics sound and vide	•		11/	A. Enter Code(s) From Back of Form That
with personal sound en	vironment			Beet Describes The Colleteral Covered
capability.				By This Filling: 3 0 0
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Check X if covered: Products of Colleteral are a	iso covered. 🗻			
Classification of Baldings A		Signature(s) of Secured Party®	901//	<u> </u>
Signature (8) experitor(3)		- TO 16	bline	
Signature(s) of Debtor(s) (necessary only if item	s applicable)	Signature(s) of Secured Party(98)	
L. Michael Easter/Sonics	Associates, Inc.	Type Name of Individual or But	Irn Co., Lid.	
Type Name of Individual or Business	· · · · · · · · · · · · · · · · · · ·			MMERCIAL CODE — FORM U