## 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 presented to a filling pursuant to the Uniform Commercial Cod	a Filing Officer for e.
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	· · · · · · · · · · · · · · · · · · ·
Alagasco			
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Pre-peid Acct #			n n He e
2. Name and Address of Debtor	(Last Name First If a Pers	son)	
Terry W. 5 Jusan	Pickett	j	
-122 Rue (1	rcle		
	• • •		て着き
Helena, Ala.	35000		
Social Security/Tax ID #			
2A. Name and Address of Debtor (IF ANY)	(Last Name First If a Pers	30n)	H" \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		<u>.</u>	
Social Security/Tex ID #	<del></del>	٠. ا	
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)
· · ·	1/1/2		(
CN055 Htg. 6	Couling	Alagasco	
	,		
Social Security/Tex ID #			
☐ Additional secured parties on attached UCC-E			
		46 70(.20)	<del></del>
5. A This statement reject to original Financing States	non bearing File No.	" ACO GOCO	96
		Date Filed	
7. Martination. Secured Party no longer claims a	security interest under the financing st	ured Party, bearing file number shown above, is still effective. Satement bearing the file number shown above.	
8. Partial or The Secured Party's right under the Property described in item 11 or to	he financing statement bearing file num o all of the property listed on this file, is	nber shown above to the assignee	
Assignment. whose name and address appears	s in item 4.		
	iumber shown above is amended as se eral described in item 11 from the financ		
Release number shown above.		· · · · · · · · · · · · · · · · · · ·	
			11A. Enter Code(s) From Back of Form That
			Best Describes The Collateral Covered
			By This Filling
			<b>—</b> — — — —
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Check X if covered:  Products of Colleteral are als	n covered		<del></del>
	~ votes 64.	<del></del>	<del></del>
Character of the same of the s		· · · · · · · · · · · · · · · · · · ·	
Signature(s) of Debtor(s)		Signature(s) of Sured Party(ies)	
Signature(s) of Debtor(s) (necessary only if item 9 i	is applicable)	Signature(s) of Section Party(les)	
Type Name of Individual or Business	<del></del>	Type Name of Individual or Business	<del></del>
	<del></del>	STANDARD FORM UNIF	ORM COMMERCIAL CODE FORM UCC-3

Approved by The Secretary of State of Alabama