STATE OF ALABAMA - UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT Important: Read Instructions on Back provide Filling our Form.

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a Filing Officer for le.	··· ··································

The Debtor is a transmitting uses defined in ALA CODE 7.g.	tility 10.5(n)	No. of Additional Sheets Presented:	The Filling po	NANCING STATEMENT is present ursuant to the Uniform Commerc	inted to a Filing to	Officer for	
Return copy or recorded orig			THIS SPACE F	OR USE OF FILING OFFICER		 -	
EQUITY (Date, Time, Nu	mber & Filing Office			
• • • • • • • • • • • • • • • • • • • •	LUMBIANA	<u>#</u> 4600					
	HAM AL 35						
DIL HAIH AC	I IMIVI AL 33	210					
Pre-paid Acct. #	· · · · · · · · · · · · · · · · · · ·						4 22 3
Name and Address of Debto		(Last Name First if a Person)	1				
HARRYLACE	JR.		·]		<u> </u>	6	1
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MAYLENE, A					ψ.	Ţ	6
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Social Security/Tax ID #		<u> </u>	<u></u>		•	•]	
A. Name and Address of Deb	tor (IF ANY)	(Last Name First if a Person)				* 80	(M≥ §
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Social Security/Tax ID #							
Additional debtors on attach				<u> </u>			
3. SECURED PARTY (Name a		arty)	4. ASSIGNE	E OF SECURED PARTY (Name a	and Address of	Assignee)	
	TRAL KAWAS						
2215 US 3				COLUENCAN	E 11.10		
PEĻHAM, A	τ. 35214			EQUITY ON	E INC		
LETingui, u			1	2090 COLUI	MBIANA	#4600	
Social Security/Tax ID #	· .	· —		BIRMINGHA	MAL 3	5216	
☐ Additional secured parties of	n attached UCC-E						
5. This statement refers to		ment bearing File No. 1997	717550	6/4/97			
SH SH	ELBY			_ Date Filed		19	
7X P Termination. Secured 8. Partial or The Secured Full property Assignment. whose r 9. Amendment. Financial 10. Partial Secured	Party no longer claims a cured Party's right under the described in item 11 or to take and address appear	between the foregoing Debtor and Section security interest under the financing statement bearing file number of the property listed on this file, is number shown above is amended as started described in item 11 from the financial	mber shown above s assigned to the asset forth in item 11.	to the ssignee			
11.					11A.	Enter Code(s) F	
11.						Back of Form To Best Describes	
11.						Collateral Cove	red
11.							
11.						By This Filing:	
11.							
11.							
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11.							
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11. Check X if covered: ☐ Produ	icts of Collateral are also	covered.					
Check X if covered:		covered.	EO	ignature(s) of Basared Fully (ies	5)		
Check X if covered: Cl Produ	or(s)			ignature(s) of Secured Party(ies			
Check X if covered: © Produ			 ;	Signature(s) of Secured Party(ies	s)		