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 Dublier is a transmitting utility	No. of Additional Sheets Presented:	This FINANCING STATEMENT is presented to a Filing C	Officer for
Parties in ALA CODE 7-0-105(n). Parties stopy or recented original to	CHOOL FIRST PAGE	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Alaga	5 CO		
			A
		vo.	いには
Pre-paid Acct &	Last Name First E a Pers	10m) (f)	B L E S
		<u> </u>	4 1 15
Michael +	LNgram		改川麓
11145 /1	wy 17	<u></u>	0, -2 =
	Ala. 3511	ラ	でなる。
MOME AN 110	Ma. 337	•	6028
Social Security/Tex 10 E		*	Z 0 2
Name and Address of Baltor (IF A	(Last Name First II a Pers	90N) (C	400
inclui Seculiu Pina St			
Social Security/Text® &	<u> </u>		
Additional debiors on elleched UCC-E SECURED PARTY (Last Name First II a Person)	,	4. ASSIGNEE OF SECURED PARTY (F ANY)	(Lest Name First il a Persort)
, ,			
DriveR 1	retrig.	Alaga5CO	
Sociel Security/Tex ID #			-
Additional secured parties on attached UCC-E	· · · · · · · · · · · · · · · · · · ·		
This statement refers to original Financing 5	Statement bearing File No.	Aug 19	25
Filed with	and between the females Debter and Co-	cured Party, bearing file number shown above, is still effective.	
Termination. Secured Party no longer clair	ing a security interest under the lineacing t	STREETING AND MR URINDOL SUGAL SPOAR	
. Partiel or The Segured Party's right un Full property described in item 11	user the Smancing statement bearing file no It or to all of the property fisted on this file, i	ALLIPER SHOWLY SDOVE 3D ALE	
Assignment whose name and address ap	ppears in item 4. I the number shown above is amended as s	set forth in Rem 11.	
Partial Secured Party releases the C	collateral described in item 11 from the fina	ancing statement bearing file	
Polesse number shown above.			
•			11A. Enter Code(s) From Back of Form That
			Best Describes The Collegest Covered
			By This Filling:
•			
	£		
Check X If covered: Preducts of Cellsteral	are also covered.		
			•
Signature(s) of Debtor(s)	-	Signaturate) of Secured Party Sept	
	Item 9 is applicable)		
Signature(s) of Debtor(s) (necessary only if I	ltem 9 is applicable)	Signature(s) of Securet Party (sec.) Signature(s) of Securet Party (sec.) Signature(s) of Securet Party (sec.) Type Name of Individual or Business	·