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: Registré, Inc. S14 PROCEST, P.O. BOX 213 ANOKA, MN. 55503 (612) 421-1713

Type Name of Individual or Business

(1) FRING DERICED CORY, ALPHARETICAL (2) EU ING DESIGED CORY, ACKNOWLEDGEMENT

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 filing pursuant to the Uniform Commercial Code.		r for
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		
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Pre-paid Acct # 849048			5	SSB3 IFIE PROBATE
Name and Address of Debtor BROWN, TAMMY J.	(Last Name First if a Person)		ญั	4 F 8 \$
P.O. BOX 384			ġ	
CHELSEA, AL. 35043			žoć	
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			₩.	
Social Security/Tax ID #			Ϋ́	8/8 1.00 SELBY
Name and Address of Debtor (IF A	NY) (Last Name First if a Person)		H	03°
MULARSKI, GREG K.				
SAME AS ABOVE				
Social Security/Tax ID #		FILED WITH:		· ·
Additional debtors on attached UCC-E				
NAME AND ADDRESS OF SECURED PARTY)	(Last Name First if a Person)	4. NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY	(IF ANY)	(Last Name First if a Pi
SOUTHTRUST BANK, N.A.				
P.O. BOX 2465				
BIRMINGHAM, AL 35201				
Social Security/Tax ID #				
Additional secured parties on attached UCC-E	• •			
. This statement refers to original Financing:	Statement bearing File No. 17095	····		
Filed with JUDGE OF PROBAT	E OF SHELBY COUNTY	Date Filed 5-18-87	19	
Continuation. The original financing statem	tent between the foregoing Debtor and Secured	Party bearing file number shown above is still effective.	·	
Partial or The Secured Party's right un	ider the linancing statement bearing file number	Shown above to the		
Assignment, whose name and address ap				
	collateral described in item 11 from the financing			
Release number shown above.	 	 		
				Enter Code(s) From
				Back of Form That Best Describes The Collateral Covered
				By This Filing:
				
				
Check X if covered: Products of Collateral a	are also covered.			
		Sarah Grasp	1	
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)		
Signature(s) of Debtor(s) (necessary only if it	lom Q is applicable)	Signature(s) of Secured Party(ies) SOUTHTRUST BANK, N.A.		

Type Name of Individual or Business

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