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	No. of Additional	This FINANCING STATEMEN1 is presented to a	Filing Officer for
as defined in ALA CODE 7-9-105(n). Sheets Presented: Return copy or recorded original to		filing pursuant to the Uniform Commercial Code. THIS SPACE FOR USE OF FILING OFFICER	
		Date, Time, Number & Filing Office	
REGIONS BANK			
P.O. BOX 4897			
MONTGOMERY, AL 36103			
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		j	OH W
Pre-paid Acct. #.	<u></u>		LESS TENTE BEST BEST BEST BEST BEST BEST BEST BE
Name and Address of Debtor	(Last Name First if a Person)		世紀 出口
ALABASTER LETTERING			걸병
482 HWY 119 S.			808
ALABASTER, AL 35007			NA PER
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Social Security/Tax ID			6. 署
. Name and Address of Debtor (IF ANY	(Last Name First if a Person)		
			44.
			, t
Social Security/Tax ID #			
		4	
Additional debtors on attached UCC-E SECURED PARTY (Last Name First if a Person)		4 100101155 05 050155	
		4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person
REGIONS			
	T CENTER DR.		
ALABASTER	, AL 35007		
Social Security/Tax ID #			
Additional secured parties on attached UCC-E			
XX This statement refers to original Financing Stat	amont bearing file No. 1996.	-26945	
Filed with SHELBY CO	<u> </u>	Date Filed AUGUST 19	1996
	between the foregoing Debtor and Secured P	arty, bearing file number shown above, is still effective.	
Termination. Secured Party no longer claims:	a security interest under the financing stateme	nt bearing the file number shown above.	
	the financing statement bearing file number st to all of the property listed on this file, is assign		
Assignment whose name and address appear			
☐ Partial Secured Party releases the colla	teral described in item 11 from the financing st		
Release number shown above.			
			444 5-4 0-4-4-5
			11A. Enter Code(s) From Back of Form That
		·	Best Describes The Collateral Covered By This Filings
			By This Filing:
			
Check X if covered: X Products of Collater	ral are also covered.		
	······································	<u> </u>	1 .0.
FILED WITHOUT DEBTORS S Signature(s) of Debtor(s)	LUMATURE	Signature(s) of Secured Party(is:s)	Cons
		REGIONS BANK	
Signature(s) of Debtor(s) (necessary only if item 9	is applicable)	Signature(s) of Secured Party(i∈s)	
Type Name of Individual or Business		Type Name of Individual or Business	······································
	G OFFICER COPY — ACKNOWLEDGEMENT	STANDARD FORM — UNIFO	