## 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 filling pursuant to the Uniform Commercial Co	to a Filing Officer for ode.	
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Officer		
COMMUNITY CREDIT, INC.		Date, Time, Number & Filting Officer		
P O BOX 1086			<u> </u>	
PELL CITY AL 35125			8	a
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			5280	TH TE
Pre-paid Acct. #  2. Name and Address of Debtor	(Last Name First if a Person)		ិ ធ្វី ធ្វី	
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VINCENT AL 35178				
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Social Security/Tax ID #		··· <del>·</del>	•	
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)		,	ב מ מ
Social Security/Tax ID #				
☐ Additional debtors on attached UCC-E				
Name and Address of Secured Party	· · · · · · · · · · · · · · · · · · ·	Name and Address of Assignee of Secured Party	(IF ANY)	
			(11 (2147)	
Social Security/Tax ID #				
☐ Additional secured parties on attached UCC-E				
5. This statement refers to original Financing Stateme	ent bearing File No. VOL#1994	PAGE 24907		<del> </del>
		<u>^/</u>	/9/94	
6. Continuation. The original financing statement of	etween the foregoing Debtor and Secured P	arty, bearing file number shown above, is still effective.		<u> </u>
	security interest under the financing stateme re financing statement bearing file number st			
Full property described in item 11 or to Assignment, whose name and address appears	all of the property listed on this file, is assign item 4.	ned to the assignee		
9. Amendment. Financing statement bearing file no	umber shown above is amended as set forth			
10. Partial Secured Party releases the collate Release. number shown above.	eral described in item 11 from the financing s	tatement bearing file		
11.				
			11A. Enter Cod Back of Fo	e(s) From orm That
			Best Desc Collateral	Covered
			By This Fi	ling:
			<del></del>	
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Check X if covered: The Products of Collateral are also	covered			
			<del>///</del>	<del></del>
	·· •	Hancy B	1000	
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)		
Signature(s) of Debtor(s) (necessary only if item 9 is	applicable)	Signature(s) of Secured Party(ies)		<del></del>
Type Name of Individual as Dusis as a		COMMINITURY_CONTROL	NC	· <u></u>
Type Name of Individual or Business  (1) FILING OFFICER COPY ALPHABETICAL (3) FILING	NG OFFICER CORY - ACKNOWI EDGENE		NC.	3