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 prefiling pursuant to the Uniform Comm	resented to a Filing Officemental Code.	er for
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		
COLUMBUS FINANCE COMPANY P.O. BOX 335 104 EAST 3rd ST SYLACAUGA, AL 35150				1062 562 1ED 1ED
Pre-paid Acct. #		_	Ç	TE TE
2. Name and Address of Debtor	(Last Name First If a Person)		Ϋ́	
SCOGGINS MICHAEL 120 HAWK'S COVE SHELBY, AL 35143				以识别
Social Security/Tex ID #			Ě	740
SCOGGINS, MARY 120 HAWK'S COVE SHELBY, AL 35143	(Last Name First if a Person)	-		
Social Security/Tax ID #				
Additional debtors on attached UCC-E SECURED PARTY (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY	(IF ANY)	(Last Name First if a Person)
COLUMBUS FINANCE OP.O. BOX 335 104 EAST 3rd ST SYLACAUGA, AL 35150				
☐ Additional secured parties on attached UCC-E		-		
5. This statement refers to original Financing State	ement bearing File No	2001-30261		<u>. </u>
Filed withSHELBY_COUNTY		- 	3/200120	
☐ Full property described in item 11 or to Assignment, whose name and address appears. 9. ☐ Amendment Financing statement bearing file.	the financing statement bearing file number statement of the property listed on this file, is assigns in Item 4. number shown above is amended as set fortiteral described in item 11 from the financing statement of the property listed on this file, is assigns in Item 4. ONE LOW BOY DIMP	ent bearing the file number shown above. shown above to the gned to the assignee the in item 11.		Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
Check X if covered: ☐ Products of Collateral are a	ulso covered.			
		COLUMBUS FINAN	CE COMPAN	Υ
Signature(s) of Debtor(s)		Scorpere(s) of Secured Party(les)	ح	· · · · · · · · · · · · · · · · · · ·
Signature(s) of Debtor(s) (necessary only if item t	y is applicable)	Signature(s) of Secured Party(les)		
Type Name of Individual or Business	O OFFICER COOK ACKNOWN EDGENTER	Type Name of Individual or Busine	50014 11150014 0014	MEDGIAL CODE CODIALIOS A