☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	 -	This FINANCING STATEMENT filling pursuant to the Uniform C	is presented to a	Filing Offi	cer for	
1. Return copy or recorded original to		TH	S SPACE FOR USE OF FILING OFFI		0		
SouthTrust Bank of Al	labama,	Da	te, Time, Number & Filing Office				
National Association P. O. Box 2554							
Birmingham, Alabama 3) E 2 0 0						
Dirimingnam, Arabama S	55290						
							There e
Pre-paid Acct. #							•
2. Name and Address of Debtor	(Last Name First if a Person)	,					
Bragg, Charles E.	·			. X.	4	 	7
Rt. 2, Box 109			•				687
Vincent, Al 35178				39 CINE		204	\approx
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				$\mathbf{S}_{\mathbf{r}}^{\mathbf{r}}$	တ်		- 1
				TO A	3		<u>*</u>
Social Security/Tax (D #				E OBA			
	(Last Name First if a Person)			FFT T	*****	C/)	
Bragg, Ester				3	C/S		
Rt. 2, Box 109				7.		Production of the control of the con	
Vincent, Al 35178							
Social Security/Tax ID #	 						
☐ Additional debtors on attached UCC-E							
3. SECURED PARTY (Last Name First if a Person)							
SouthTrust Bank of Al	abama.	4. A	SSIGNEE OF SECURED PARTY	(IF ANY)	(1	ast Name First if a F	Person)
National Association							
Social Socurity / Tay (D.)							
Social Security/Tax ID #		_					
☐ Additional secured parties on attached UCC-E							
5. This statement refers to original Financing Statem	ent bearing File No. 016414		·			······································	
Filed with Shelby County	У		Date Filed Feb. 2	25th	19 87	_	
6XXContinuation. The original financing statement be 7. Termination. Secured Party no longer claims a secured Party no longer claims as	tween the foregoing Debtor and Secured	Party, bea		effective	. 19 <u>. V /</u>	<u> </u>	
	account innerest under the libancing statem	ient beari	no the file number shown above	encouve.			
☐ Full property described in item 11 or to	e financing statement bearing file number of all of the property listed on this file, is assig	shown at gned to th	ove to the le assignee				
Assignment. Whose name and address appears	in item 4. mber shown above is amended as set forti						
10. ☐ Partial Secured Party releases the collater	al described in item 11 from the financing	statemen	t bearing file				
Release number shown above. 11.	<u> </u>			··.			
						Inter Coda(s) From Back of Form That	
	<u>-</u>	_	_		E	lest Describes The Collateral Covered	
Original Cont	tract Exceeds Af	ter	Five Years.			By This Filling:	
					-		
					_		
	1401				-		
	1 4	\cup			_		
					_		
					-		
Check X if covered: Products of Collateral are also	covered.		·		_		
Signature(s) of Debtor(s)			Signature(SE Secured Party(ies)		X/		
		CX			XI.		
Signature(s) of Debtor(s) (necessary only if item 9 is	applicable)	E	Signature(s) of Secured Party(ies)	1	<u> </u>	X	- · · · · · ·
Type Name of Individual or Business	 		Type Name of Individual or Busine		Laba	ma,/Ŋ. <i>I</i>	<i>1</i> •
	PEICER CORY ACKNOWLEDGEMENT			FORM UNIFOR	RM COMME	RCIAL CODE — FOR	M UCC-3
				* The	Secretary o	of State of Alabama	