The Debtor is a transmitting utility	No. of Additional Sheets Presented:	filing pursuant to the Unitor	NT is presented to a Filing Officer for m Commercial Code.	
as defined in ALA CODE 7-9-105(n).		THIS SPACE FOR USE OF FILING O Date, Time, Number & Filing Office	AL EIVEU	•
				2029
Pre-paid Acct. #	(Last Name First if a Person)		2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	29128
Name and Address of Debtor  Killingsworth, Bet  Route 2 Box 251			West of the second seco	4年 有产 人组
Montevallo, Alabam	a 35115		PART N	
Social Security/Tax iD #(IF A	NY) (Last Name First if a Person)			
Social Security/Tax ID #			a. Danie f	or Sowings
☐ Additional debtors on attached UCC-E		Assignee: Magno	olia Federal Bank for the state of the state	ame First if a Person)
3. SECURED PARTY (Last Name First if a Person) RESOLUTION TRUST CORPORATION, RECEIVER		C/O ROSE DISCO	TOMMY ROSE	
FOR CITY FEDERAL SAVINGS AND LUAN ASSOCIATION		ROUTE 1, !	BOX 185-B	
2030 SECOND AVENUE, N BIRMINGHAM, AL 35203	UK 113	HICKORY,	MS 39332	
Social Security/Tax ID #			. a i	
☐ Additional secured parties on attached UCC-E		0219	36	<u>.                                    </u>
5. X This statement refers to original Financing	Statement bearing File No	08530	19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -	1-11-89
Filed withShellby	County	d Party bearing file number shown at	bove, is still effective.	
7. Termination. Secured Party no longer cr	and a second statement hearing file numb	er shown above to the	above.	
Full property described in item	answers in item 4			- / /
	ng file number shown above is amended as set in collateral described in item 11 from the financial	ng statement bearing file	64-25	44
11.			Bac Bes	er Code(s) From ck of Form That at Describes The
	DA A		Col By	lateral Covered This Filing:
	J. W.			
	·			
Check X if covered: Products of Collater	al are also covered.	RESOLUTION THUS	CORPORATION, RECEIVER T NGS AND LOAN ASSOCIATION	FOR N
To be to the control of the control	<u></u>	Sign Mitre Secu	ired Party(ies)	
Signature(s) of Debtor(s)	. it item 8 is applicable)	_ BY:	Ronald J. Pa	MOIDS FAUL
Signature(s) of Debtor(s) (necessary only	/ II item a is approauto,	Type Name of Indivi	idual as Queiness	
Type Name of Individual or Business  (1) FILING OFFICER COPY — ALPHABETICAL (2) FILING OFFICER COPY — NUMERICAL	(3) FILING OFFICER COPY — ACKNOWLEDGEME (4) FILE COPY — SECOND PARTY(S)	NT (5) FILE COPY DEBTOR(S)	STANDARD FORM — UNIFORM COMME Approved by The Secretary of	of State of Alabama
(2) FILING OFFICER COPY NOWIERIOAL	(4, 1, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,			
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