The Debtor is a transmitti	ting utility	No. of Additional	This FINANCING STA	ATEMENT is presented to a Filing Uniform Commercial Code.	Officer for
as defined in ALA CODE Return copy or recorder	7-9-105(n).	Sheets Presented:	THIS SPACE FOR USE OF FIL Date, Time, Number & Filling C	ING OFFICER	
		Services, Inc.	Date, Time, Number & Fining C		
		COLUMN TION			
P.O. Box 38	, Al 35238-5	000			
BILMILIGHAM	, AI 33230 3				
				E	
Pre-paid Acct. #		(Last Name First if a Person	·	39gur	JAME OF ALL TRUMENT
Name and Address of		\-		$\mathbf{c} \in \mathbb{R}$	
Self, Clare				,	
1227 Tahiti				PROBAI	¥
Alabaster,	A1 33007			<u>></u>	n SEE
Shelby Coun	nty	53000097			
Social Security/Tax II 2A. Name and Address of		Y) (Last Name First if a Perso	on)	- ,1	
Self, Glori	ia R.				
1227 Tahiti					
Alabaster,					
Social Security/Tax	ID #				
Additional debtors on	attached UCC-E	_		AF AND	(Last Name First if a Person)
3. SECURED PARTY (L	ast Name First if a Person)		4. ASSIGNEE OF SECURE	D PARTY (IF ANY)	(Cast Maine) horn a (Crook)
Social Security/Tax Additional secured p	arties on attached UCC-E				
5 V YThis statement re	efers to original Financing St	tatement bearing File No 01628	2		
Cited with	Cholby Cor	1ntv	Date Filed		_ 19 <u>87</u>
7. Termination. So as Partial or The Partial or The Partial or The Partial Partial Partial So The Partial So T	Secured Party no longer claim The Secured Party's right und Property described in item 11 Whose name and address app	ent between the foregoing Debtor and Secons a security interest under the financing statement bearing file number to all of the property listed on this file, in pears in item 4. file number shown above is amended as statement described in item 11 from the final	imber shown above to the is assigned to the assignee set forth in item 11.		9.00° 33.00
11.					11A. Enter Code(s) From
	THIS FIN	ANCING STATEMENT WITERMINATION STATEM	ILL BE EFFECTIVE ENT IS FILED.		Back of Form That Best Describes The Collateral Covered By This Filing:
	OMITTD W				$\frac{1}{2} \cdot \frac{0}{2} \cdot \frac{3}{2} - \frac{1}{2}$
					<u>602</u>
				/)	
Check X if covered	d: Products of Collateral a	are also covered			/
				Secured Party	
Signature(s) of	Debtor(s)		VINC	1/ ayle	eg
Signaturale) of	Debtor(s) (necessary only if it	tem 9 is applicable)	Signature(s) of	Secured Party(ies)	(TNC CEDUTCEC IN
			SECURIT Type Name of	Individual or Business	ING SERVICES, IN
	Individual or Business	FILING OFFICER COPY — ACKNOWLEDGE	MENT	OTHER CORM LIN	FORM COMMERCIAL CODE — FORM The Secretary of State of Alabama
(1) FILING OFFICER CO (2) FILING OFFICER CO		FILE COPY — SECOND PARTY(S)	(5) FILE COPY DEBTOR(S)	Apploted of	•
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