## 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 pre- filing pursuant to the Uniform Comm	esented to a Filing ercial Code.	Officer for
First National Bank of Control Box 977 Columbiana, Al 35051	olumbiana	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		
Pre-paid Acct. #	(Last Name First if a Person)	_		
Brown, Donald A.	(cost name rist it a reison)			
Rt 1 Box 43E Chelsea, Al 35043			TOUGH.	92 JAN
Social Security/Tax ID #			육사	-1 71 2 2 mg
Prown, Sandra J. Rt 1 Box 43E Chelsea, Al 35043	(Las Name First if a Person)		FROBAIE	
Social Security/Tax ID #				
Additional debtors on attached UCC-E	······································			
3. SECURED PARTY (Last Name First If a Person)	· · · · · · · · · · · · · · · · · · ·	4. ASSIGNEE OF SECURED PARTY	(IF ANY)	(Last Name First if a Person)
First National Bank of Cop o Box 977 Columbiana, Al 35051  Social Security/Tax ID #	olumbiana 			
Additional secured parties on attached UCC-E				
5. XX his statement refers to original Financing Statement Filed with COUNTY			987	
Full property described in item 11 or to a Assignment, whose name and address appears in Financing statement bearing file num	financing statement bearing file number shi If of the property listed on this file, is assigned	rly, bearing file number shown above, is still effect bearing the file number shown above.  Own above to the ed to the assignee of the still affect to the still affec	ective.	.80
1987 Sunshine Mobile Hor	ne S# 20183A and 201	83B		I1A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
'Check X if covered: □ Products of Collateral are also c	overed			
Signature(s) of Debtor(s)		First National Signature of Sequred Party(ied)	Bank of	Columbiana
Signature(s) of Debtor(s) (necessary only if Item 9 is a	pplicable)	Signature(s) of Security Party(ies)	Wrill	4 <del>)</del>
Type Name of Individual or Business  I) FILING OFFICER COPY — ALPHABETICAL (3) FILING OFFI	FICER COPY — ACKNOWLEDGEMENT	Type Name of Individual or Business	MA LINIEODM C	