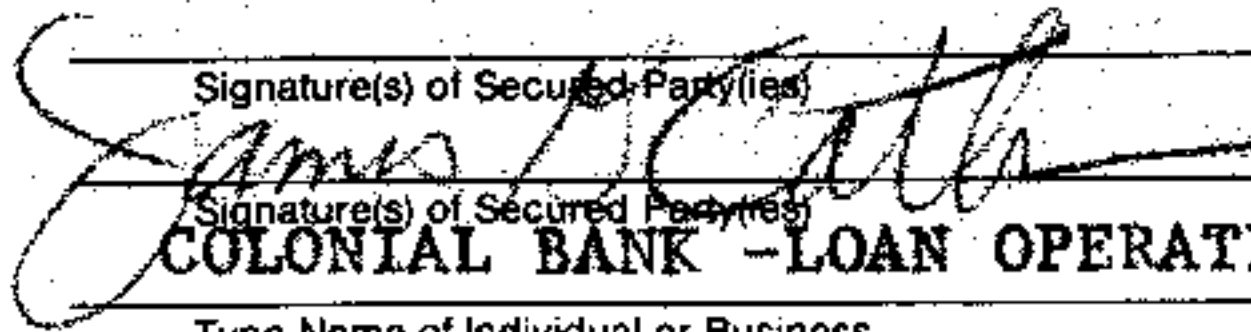


STATE OF ALABAMA — UNIFORM COMMERCIAL CODE
STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

Important: Read Instructions on Back Before Filling out Form.

1. Name and Address of Debtor Colonial Bank P.O. Box 1887 Birmingham, AL 35205 Attention: Kelly Willis		Inst # 1992-10987 07/06/1992-10987 08:16 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 001 #00	
2. Name and Address of Debtor (Last Name First if a Person) Ponder, Terry 1448 Montgomery Highway Birmingham, AL 35216			
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) Social Security/Tax ID # _____			
☐ Additional debtors on attached UCC-E			
3. SECURED PARTY (Last Name First if a Person) The Colonial Bank - Northern Region 629 Red Lane Rd Birmingham, AL 35216 Social Security/Tax ID # _____		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person) Social Security/Tax ID # _____	
☐ Additional secured parties on attached UCC-E			
5. ☒ This statement refers to original Financing Statement bearing File No. <u>022414</u> Filed with <u>Judge of Probate, Shelby County</u>		Date Filed <u>3-14</u> 19 <u>89</u>	
6. ☐ Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. ☒ Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. ☐ Partial or Assignment. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4. 9. ☐ Amendment. Financing statement bearing file number shown above is amended as set forth in item 11. 10. ☐ Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.			
11. _____			
11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: 100102			
Check X if covered: ☐ Products of Collateral are also covered.			
Signature(s) of Debtor(s) Signature(s) of Debtor(s) (necessary only if item 9 is applicable) Type Name of Individual or Business		Signature(s) of Secured Party(ies)  COLONIAL BANK - LOAN OPERATIONS OFFICER Type Name of Individual or Business	