## 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 presented filling pursuant to the Uniform Commercial (	
First National Bank of P.O. Box 977 Columbiana, Alabama 350		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Pre-paid Acct. #  2. Name and Address of Debtor	(Last Name First if a Pe	rson)	
Dewberry Engraving Comp P.O. Box 2311 Birmingham, Alabama 35	any 243		1203 171ED PROBATE
Social Security/Tax ID #	(Las Name First if a Pe	rson)	19/24/1992-2 09/24/1992-2 3:43 PM CERT
Social Security/Tax ID #			
Additional debtors on attached UCC-E  3. SECURED PARTY (Last Name First if a Person) First National Bank of #2 Inverness Center Par Birmingham, Alabama 352	kway	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 Filed with Shelby County P	robate Judge	Date File November 14	1989
<ul> <li>7.  Termination. Secured Party no longer claims</li> <li>8.  Partial or The Secured Party's right under property described in item 11 or Assignment. Whose name and address appears</li> <li>9.  Amendment Financing statement bearing file</li> </ul>	a security interest under the financing the financing statement bearing file nuto all of the property listed on this file,	mber shown above to the is assigned to the assigned to the assigned set forth in item 11.	<b>B.</b> .
11.	•	· · · · · · · · · · · · · · · · · · ·	
	•	•	11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
	•	<b>-</b> 45°	
		•	<del></del>
	}		——————————————————————————————————————
'Check X if covered: ☐ Products of Coltateral are a	ileo covered		
CHECK A II COVERED: L. PRODUCTS OF COMMERCIAL ARE 8	. COVERED.		
Signature(s) of Debtor(s)		Signature(s) of Secured Partyties	hotal
Signature(s) of Debtor(s) (necessary only if item !	9 is applicable)	Signature(s) of Secured Party(ies) First National Ban	of Columbiana
Type Name of Individual or Business		Type Name of Individual or Business	