

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.

<input type="checkbox"/> 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 to a Filing Officer for filing pursuant to the Uniform Commercial Code.																
1. Return copy or recorded original to David Hoyle Alabama Power 2 Indust Pk Dr Pelham AL 35724 Pre-paid Acct. # _____		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office <div style="text-align: center; font-weight: bold;">Inst. # 1992-25129</div> <div style="text-align: center; font-weight: bold;">10/29/1992-25129</div> <div style="text-align: center; font-weight: bold;">02:37 PM CERTIFIED</div> <div style="text-align: center; font-weight: bold;">SHELBY COUNTY JUDGE OF PROBATE</div> <div style="text-align: center; font-weight: bold;">.00 MCO</div>																	
2. Name and Address of Debtor Collingsworth James W 115 Arabian Dr Social Security/Tax ID # _____																			
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) Social Security/Tax ID # _____																			
<input type="checkbox"/> Additional debtors on attached UCC-E																			
3. SECURED PARTY (Last Name First if a Person) Social Security/Tax ID # _____																			
<input type="checkbox"/> Additional secured parties on attached UCC-E		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person) <div style="text-align: center; font-weight: bold;">020949</div> <div style="text-align: center;">Filed with Shelby Cty Date Filed 8/22 19 88</div>																	
5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. _____ Filed with _____ Date Filed _____																			
6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. <input checked="" type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. <input type="checkbox"/> 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. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11. 10. <input type="checkbox"/> 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: <table style="width: 100%; border: none;"><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></table>				_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Check X if covered: <input type="checkbox"/> 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) Signature(s) of Secured Party(ies) Type Name of Individual or Business _____																	
(1) FILING OFFICER COPY — ALPHABETICAL (2) FILING OFFICER COPY — NUMERICAL (3) FILING OFFICER COPY — ACKNOWLEDGEMENT (4) FILE COPY — SECOND PARTY(S) (5) FILE COPY DEBTOR(S) STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3 Approved by The Secretary of State of Alabama																			