| Importa   | nt: Read Instructions o   | n Back Be  | fore Filling ou   | t Form.         | RESMOGR FROM RESMOGR FROM RESMOGRETE, Inc. 21 March 51. 21 March 51. 22 March 51. 23 March 51. 24 March 51. 25 March 51.  |  |
|---|---|--|---|-----------------|---|--|
| The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).                   | No. of Additional<br>Sheets Presented:  | This FINANCING STATEMENT is presented to a Filing Office of filing pursuant to the Uniform Commercial Code.  |   |                 |   |  |
| Return copy or recorded original to   |   |  | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office |                 |   |  |
| Camp & Company  |   | Date, Ilme, Num  | ber & Filing Office   | <b>\$</b>       |   |  |
| P. O. Box 530667  |   |  |   |                 |   |  |
| Birmingham, AL 35253-0667   |   |  |   | 100             |   |  |
|   |   |  |   |                 |   |  |
|   |   |  |   |                 |   |  |
| Pre-paid Acct. #  |   |  |   |                 |   |  |
| Name and Address of Debtor  | (Last Name First if a Person)   |  | _   |                 |   |  |
| Equity Partners Joi<br>#2 Perimeter Park S  |   | 23   | ကမ်ားမြ   |                 | Ut Pa   |  |
| Suite 450   | Journ   | , ý  |   |                 |   |  |
| Birmingham, AL 352  | 243   | ú  |   | I               |   |  |
| - ,   |   | ່ ພໍ   |   |                 |   |  |
| Social Security/Tax ID #  |   | 992  | 중 대 별   |                 |   |  |
| Name and Address of Debtor (IF ANY)   | (Last Name First if a Person)   | <b>+</b> + + + + + + + + + + + + + + + + + +   | U1  |                 | 7 × 7   |  |
|   |   | #  | くる 暑ぎ   |                 | <b>1</b> in   |  |
|   |   | :<br>نبد أ   |   |                 |   |  |
|   |   | <u> </u>   | SEEDS COUNTY  | Ì               | 2   |  |
|   |   | #  | 46 °  |                 |   |  |
|   |   |  | <del></del>   |                 | (一種) 野で (株なす)   |  |
| Social Security/Tex ID #  |   | FILED WITH:  | •   |                 | ······  |  |
| dditional debtors on attached UCC-E   |   |  |   |                 |   |  |
| NAME AND ADDRESS OF SECURED PARTY) (La:   | et Name First if a Person)  | 4. ASSIGNEE OF   | SECURED PARTY   | (IF ANY)        | (Last Name First if a Person)   |  |
| SMA Life Assurance  |   |  |   |                 |   |  |
| a Delaware Corporat   | tion  | የ<br> <br>   |   |                 |   |  |
| 440 Lincoln Street  | 15  |  |   |                 |   |  |
| Worcester, MA 0160 Social Security/Tax ID #   | 75  |  |   |                 |   |  |
|   |   | 1  |   |                 |   |  |
| Additional secured parties on attached UCC-E  | 010405  |  |   |                 |   |  |
| This statement refers to original Financing State Filed with Judge of Prok                | ment bearing File No. <u>019405</u><br>pate, Shelby Coun  | + 37 -   | ate Filed Februa  | rsz 26          | 00  |  |
|   | security interest under the financing stateme<br>he financing statement bearing file number st  | arty, bearing file numerical interesting the file in the hown above to the   | mber shown above, is still e<br>umber shown above.                      |                 |   |  |
| Assignment, whose name and address appear<br>Amendment Financing statement bearing file n | o all of the property listed on this file, is assign<br>in item 4.<br>number shown above is amended as set forth<br>eral described in item 11 from the financing s  | in ilem 11.  |   |                 |   |  |
| has not beer  | payment of the extended, and to the payment of the extended, and the extended in extended | he orig  | inal term   |                 | 11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:  5 0 0  |  |
|   | :   |  |   |                 |   |  |
|   | :   | -  |   |                 |   |  |
| 6   |   |  |   |                 |   |  |
| heck X if covered: Products of Collateral are ali   | so covered.   |  |   |                 |   |  |
|   |   | SMA :  | Life Assura   | ance Com        | npany   |  |
| Signature(s) of Debtor(s)   | · · · · · · · · · · · · · · · · · · ·   |  | rest of Secured Party(les)  | 21.60           | <del></del>   |  |
| Signature(s) of Debtor(s) (necessary only if item 9                                       | is applicable)  | Signatu  | re(s) of Secured Party(les)   | w.              |   |  |
| Type Name of Individual or Business   | (_  |  | ant Treasure  |                 |   |  |
| ING OFFICER COPY - ALPHABETICAL (3) FILING  | OFFICER COPY-ACKNOWLEGGEMENT<br>OPY - SECURED   | (5) FILE COPY DEST   | STANDARD F  | ORM - UNIFORM C | OMMERCIAL CODE — FORM UCC-<br>retary of State of Alabama  |  |
|   |   | SIASO TO THE STATE OF THE STATE |   |                 | na in the section of |  |
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STATE OF ALABAMA — UNIFURM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. FORM UCC-3