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 presente filing pursuant to the Uniform Commercia	ed to a Filing Officer for
. Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	4-4 1
Al Power Co Indust PK Dr			5
Indust PK Dr			() ()
Pelham Al 35124	F		99 111 1111
Pre-paid Acct. #			T TES
2. Name and Address of Debtor	(Last Name First if a Perso	on)	
Harris Jerry 306 chase Plan	Ann		Z SE
306 Chase Plan	n Cir		TE E
Bhan A1 35244	c		12/07/13 3:09 AM SEE CONTY
Social Security/Tax ID #			12/ 8:0 8
A. Name and Address of Debtor (IF AN)	Y) (Last Name First if a Perso	ın)	180
Social Security/Tax ID #			
Additional debtors on attached UCC-E SECURED PARTY (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY (IF	ANY) (Last Name First if a Person)
SECONED PARTY (Last Name Pilst II a Person)		4. ASSIGNEE OF SECONED 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 Sta	tement bearing File No.	026789	
filed with	shally cty	Date Filed	2 1990
 7. Termination. Secured Party no longer claims 8. Partial or The Secured Party's right under property described in item 11 or Assignment. whose name and address appairs 9. Amendment Financing statement bearing file 	a security interest under the financing star the financing statement bearing file number to all of the property listed on this file, is a	ber shown above to the assignee forth in Item 11.	3.
1.		·	
	•		11A. 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 covered.	<u> </u>	
		1 House	
Signature(s) of Debtor(s)		Signature(s) of Secured 15 ty(ies)	
Signature(a) of Debtor(s) (necessary only if item	9 is applicable)	Signature(s) of Secured Party(ies)	
······································		Time Name of healthfoldered as Constitution	
Type Name of Individual or Business 1) FILING OFFICER COPY — ALPHABETICAL (3) FILIN	NG OFFICER COPY — ACKNOWLEDGEMENT	Type Name of Individual or Business	- UNIFORM COMMERCIAL CODE FORM UC

