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.

99/32-1061

☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is pres filling pursuant to the Uniform Comme	sented to a project of the services of the ser	Filing Office	er for
CENTRAL BANK OF THE S P O BOX 10566 BIRMINGHAM AL 35296 ATTN; TERRIE DAVIS 01-62206314	SOUTH	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		S C C C C C C C C C C C C C C C C C C C	
2. Name and Address of Debtor BROWN, WANDA P. P.O. BOX 583 MONTEVALLO AL 35115 Social Security/Tax ID #	(Last Name First if a Person) NY) (Last Name First if a Person)		·	Inst # 1993-078	03/24/1993-0785 09:54 AM CERTIF SHELW COUNTY MEE OF PROPE OUT NO. 100
Social Security/Tax ID #		4. ASSIGNEE OF SECURED PARTY	(IF ANY)	(1	Last Name First if a Person)
Social Security/Tax ID #		Date FiledMAY 7		00	
7 X Xermination. Secured Party no longer claim 8. Partial or The Secured Party's right und property described in item 11 Assignment. whose name and address app 9. Amendment Financing statement bearing from 10. Partial Secured Party releases the connumber shown above.	ent between the foregoing Debtor and Secured ms a security interest under the financing states der the financing statement bearing file number or to all of the property listed on this file, is ass	Party, bearing file number shown above, is still effectivent bearing the file number shown above. I shown above to the signed to the assignee. If the in item 11.	ective.	19_90	
11. 03/22/93					Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
Check X if covered: Products of Collateral are	re also covered.		-		
Signature(s) of Debtor(s)		Signature s) of Secured Party(ies)	3xc	an	<i>f</i>
Signature(s) of Debtor(s) (necessary only if ite BROWN, WANDA P. Type Name of Individual or Business (1) FILING OFFICER COPY — ALPHABETICAL (3) FIL		Type Name of Individual or Business			03/22/93 MERCIAL CODE — FORM UCC-3