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 to the Uniform Commercial Co	000
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
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Pre-paid Acct. # Name and Address of Debtor	(Last Name First if a Pe	raon)	77 O 80 8
Ardy, Leonar	d JR.		
rec m+1/A	urel (N.		
985 M+1 LA 1200, al 35	2 (1.1		
mm, al 33	249		
Social Security/Tax ID #	<u> </u>	<u>. </u>	
Name and Address of Debtor (IF	ANY) (Last Name First If a Pe	erson)	•
Social Security/Tax ID #	<u> </u>	· · ·	
Additional debtors on attached UCC-E		AE A	(NY) (Last Name First If a Person)
SECURED PARTY (Last Name First If a Perso	n)	4. ASSIGNEE OF SECURED PARTY (IF A	(IA1) (CESI) ASILIS I IIS III E A GISCIN
Varrell H+9	4 a/C		
Norrell H+g	1 7	Alagasco	
4			
Social Security/Tax ID #			
Additional secured parties on attached UCC-	E		
		03376	
This statement refers to original Financing	g Statement bearing File No	Date Filed Feb 4	19. 9.3
FIRST WITH	ment between the foregoing Debtor and S	secured Party, bearing file number shown above, is still effective	
Termination Secured Party no longer of	isims a security interest under the financin under the financing statement bearing file	d statement pasulus me me unumar suman andre.	
Full property described in item	11 or to all of the property listed on this file	s, is assigned to the assignee	
Assignment whose name and address Amendment Financing statement beark	ng ille number shown above is amended a	s set forth in item 11.	
Partial Secured Party releases the	e collateral described in item 11 from the fi	nancing statement bearing file	
Release number shown above.		· · · · · · · · · · · · · · · · · · ·	
			11A. Enter Code(s) From Back of Form That
	•		Best Describes The Collateral Covered
			By This Filling:
	•		
Check X if covered: Products of Colleter	al are also coverad.		<u>. </u>
	<u> </u>	Ol- at watch of Consumal Destriction	<u> </u>
Signature(s) of Debtor(s)		Signature(s) of Secured Party(les)	
Signature(s) of Debtor(s) (necessary only	if item 9 is applicable)	Signature(s) of Secured Party(les)	
Tone Name of Individual or Occional		Type Name # Individual or Business	<u> </u>
Type Name of Individual or Business	<u></u>		UNIFORM COMMERCIAL CODE FORM UC

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