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.

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☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n). No. of Additional Sheets Presented:		This FiNANCING STATEMENT is filing pursuant to the Uniform Co	mmercial Code	fficer for
1. Return copy or recorded original to Jerry L. Bice		THIS SPACE FOR USE OF FILING OFFIC Date, Time, Number & Filing Office	ER .	
P. O. Box 16			n i	
Maylene, AL 34114		•		
mayrene, at 54114		. •		
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Pre-paid Acct. #	f a Person)			
Jerry L. Bice				42 a 5
P. O. Box 16		· ·		
Maylene, AL 35116			Ĉ	Ö T "
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Social Security/Tax ID #	f a Person)	garan ing kalangan di Panggan di Sanggan di Banggan di Sanggan di S		
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Social Security/Tax ID #				
☐ Additional debtors on attached UCC-E				
3. SECURED PARTY (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY	(IF ANY)	(Last Name First if a Person)
Countries				
Southtrust Bank of AL, N.A.	ļ	*		
P. O. Box 2233				
Birmingham, AL 35201				
Social Security/Tax ID #		•	•	
	· ·	•		
Additional secured parties on attached UCC-E	·	·		<u> </u>
5. \square This statement refers to original Financing Statement bearing File No. $\underline{-02^\circ}$	5354	· · · · · · · · · · · · · · · · · · ·		
Filed with Judge of Probate, Shelby Cour	nty	Date Filed	April 27 ₁₉ 90)
 6. Continuation. 7. Termination. 8. Partial or	ncing statemen file number shi is file, is assign ed as set forth i	it bearing the file number shown above. own above to the ed to the assignee in item 11.	Il effective.	· · · · · · · · · · · · · · · · · · ·
11.				
		· .	11	A. Enter Code(s) From Back of Form That
				Best Describes The
Paid out 4-26-93.				Collateral Covered By This Filing:
				
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			•	
Check X if covered: Products of Collateral are also covered.			• .	
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Signature(s) of Debtor(s)		Signature(s) of Secured Party(in	- W	(.
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		Signature(s) of Secured Party(ie		}
Cilinates ale) or Mediculal Indoopselly only it Helit a to applicable)		Southtrust Bank	A 4- 3- 4	
Type Name of Individual or Business		Type Name of Individual or Busi	ness	<u> </u>
(1) FILING OFFICER CORY ALPHARETICAL (3) FILING OFFICER CORY ACKNOWLED	DOEMENT T	STANDAR	D FORM — UNIFORM CO	MMERCIAL CODE — FORM UCC-3 🥌