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 filling pursuant to the Uniform Commercial Co	a Filing Officer for de.
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	· ·
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Pre-peld Acct.#			o ous
Name and Address of Debtor	(Last Name First if a Peri	son)	
Artee, JeA	N		できる。
1858 RIVETWO	od Place		
Social Security/Tex ID #	242		
<u>-</u>	(Last Name First If a Per	son)	•
Social Security/Tex ID #	<u>.</u>		
Additional debtors on attached UCC-E		4. ASSIGNEE OF SECURED PARTY (IF AN	Y) (Last Name First if a Perso
SECURED PARTY (Last Name First If a Perso	+ a/c	Alagnsco	
Social Security/Tax ID #	£		
This statement refers to original Financing	o Statement bearing File No.	01732	
Filed with 5h ()	CO	Date Filed 2-18	19 93
Termination. Secured Party no longer classification. The Secured Party's right to property described in item Assignment, whose name and address to Amendment. Financing statement bearing.	laims a security interest under the financing t under the financing statement bearing life nu 11 or to all of the property listed on this file, i	is assigned to the assignee set forth in item 11.	
			11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
			<u>500</u>
•			
Check X If covered: □ Products of Colleters	are also covered.		
Check X If covered: Products of Colleters	il are also covered.		
Check X if covered: Products of Collateral Signature(s) of Debtor(s)	al are also coverad.	Signature(s) of Secured Party(ies)	
Check X If covered: Products of Colleters Signature(s) of Debtor(s) Signature(s) of Debtor(s) (necessary only if		Signature(s) of Secured Party(ies) Signature(s) of Secured Party(ies) Constitute(s) of Secured Party(ies) Type Name of Individual or Business	