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	No. of Additional	This FINANCING STATEMENT is presented to a Filing Officer for
as defined in ALA CODE 7-9-105(n). 1. Return copy or recorded original to	Sheets Presented:	filing pursuant to the Uniform Commercial Code. THIS SPACE FOR USE OF FILING OFFICER
Central Bank of the South Attn; Travis McKay 15 South 20th Street, Suite Birmingham, Alabama 35233	≥ 1500	Date, Time, Number & Filing Office
Pre-paid Acct. #		
2. Name and Address of Debtor	(Last Name First if a Person)	
Greenfield Partnership, an Alabama General Partnership 3201 Lorna Road Birmingham, Alabama 35216 Social Security/Tax ID #		1993-20648 CERTIFIED JUNGE OF PROBATE 10.00
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)	Inst # 15/108=15 AM SHELBY COUNTY ON #50
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)
Central Bank of the South P. O. Box 10566 Birmingham, Alabama 35296 Social Security/Tax ID #		
	T 4	1000 3000
5. This statement refers to original Financing Statement Filed with <u>Judge of Probate</u> ,		1992-18060 Date Filed 8-25-92 19
6. Continuation. The original financing statement between the financing statement between the financing statement between the financing statement between the financing statement the financing statement bearing file numbers. 9. Amendment Financing statement bearing file numbers.	en the foregoing Debtor and Secured Parity interest under the financing statement ancing statement bearing file number shot the property listed on this file, is assign	arty, bearing file number shown above, is still effective. Into bearing the file number shown above. Into above to the series of
		d, Sector Five, as recorded e of Shelby County, Alabama. 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 co	vered.	
Signature(s) of Debtor(s)		Signature(s) of Seogred Party(ies)
Signature(s) of Debtor(s) (necessary only if Item 9 is ap	plicable)	Signature(s) di Secured Party(ies)
Type Name of Individual or Business		Type Name of Individual or Business CENTRAL BANK OF THE SOU
(1) SILING OFFICER CORY ALBUARETICAL (ALEUMIO OFFI	600 6604 1010111110111100000000000000000	