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 | No. of Additional | This FINANCING STATEMENT is presented to | o a Filing Offic | cer 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 Co | ode. | |
| Alagasco | | Date, Time, Number & Filling Office | | |
| Pre-paid Acct. # | _ | | | |
| 2. Name and Address of Debtor | (Last Name First if a Person) | - | ល្ | រាជ្រ |
| Willis, J. A. 863 OAK MAR pelhan, al 3 | . Rd 504 | | 1993-2224 | 1993-2224 TH CERTIFI TV JUGE OF PROBATI |
| Social Security/Tax ID # | NY) (Last Name First if a Person) | | Inst + | OP: OS PY SHELBY COUNT |
| 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 AN | IY) | (Last Name First if a Person) |
| Steel City H. | +q +a/c | Alagasco | | |
| Social Security/Tax ID # | ······································ | <u> </u> | | |
| Additional secured parties on attached UCC-E | | | | |
| 5. This statement refers to original Financing St | tatement bearing File No. | 12869 Date Filed 5-6 | 10 9 | 3 |
| 6. Continuation. The original financing stateme 7. Termination. Secured Party no longer claim 8. Partial or The Secured Party's right under 9. Full property described in item 11 of the secured Party's right under property described in item 11 of the secured Party releases app Partial Secured Party releases the colonial Release number shown above. | is a security interest under the financing stateme fer the financing statement bearing file number si or to all of the property listed on this file, is assig | arty, bearing file number shown above, is still effective. Int bearing the file number shown above, hown above to the ned to the assignee in item 11. | | |
| 11. | | | 11 A . | Enter Code(s) From Back of Form That Best Describes The |
| | | | | Collateral Covered By This Filing: |
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| | | | | |
| Check X if covered: Products of Collateral are | e also covered. | | | |
| The state of the s | | | | |
| Signature(s) of Debtor(s) | | Signature(s) of Secured Party(ies) | | |
| Signature(s) of Debtor(s) (necessary only if iter | m 9 is applicable) | Signature(s) of Secured Party(ies) | | |
| Type Name of Individual or Business (1) FILING OFFICER COPY — ALPHABETICAL (3) FIL | ING OFFICER COPY — ACKNOWLEDGEMENT | Type Name of Individual or Business | MEODIA COM | MERCIAL CODE — FORM UCC- |