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 pres- filing pursuant to the Uniform Comme	
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER	
W. J. pardue		Date, Time, Number & Filing Office	<u> </u>
P.O. Box 23 Hwy 55			
Westover, Alabama 35185			
,			0 5 6 9
			S Par
Pre-paid Acct. #798309			
2. Name and Address of Debtor	(Last Name First if a Person)		
			* a * 3 ₌
			eeg y
			H 0
Social Security/Tax ID #			
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)		
Social Security/Tax ID #			
☐ Additional debtors on attached UCC-E		 	
SECURED PARTY (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY	(IF ANY) (Last Name First if a Person)
SouthTrust Mobile Service	og Tno	Courth Thomas Mahila Con	
SouthTrust Mobile Services, Inc. P.O. Box 2465		SouthTrust Mobile Ser P.O. Box 2465	vices, inc.
Birmingham, Alabama 35201-2465		Birmingham, Alabama 3	5201-2465
Social Security/Tax ID #			3201 240J
☐ Additional secured parties on attached UCC-E			
5. This statement refers to original Financing States	ment bearing File No	06765	
Filed with Judge of Probat			v 27 19 83
6. Continuation. The original financing statement b		1	
 7. X Termination. Secured Party no longer claims a 8. Partial or The Secured Party's right under the 	security interest under the financing stateme the financing statement bearing file number st		
☐ Full property described in item 11 or to	o all of the property listed on this file, is assig		
Assignment. whose name and address appears 9. Amendment Financing statement bearing file n	's in item 4." number shown above is amended as set forth	in item 11.	
10. Partial Secured Party releases the collate Release number shown above.	eral described in item 11 from the financing s	statement bearing file	
11.			
			11A. Enter Code(s) From
			Back of Form That Best Describes The
			Collateral Covered By This Filing:
			
	•		
			
Check X if covered: D Products of Collateral are als	so covered.		<u> </u>
	-		
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)	+ AIN IIA
	i a analizable:		time (no r
Signature(s) of Debtor(s) (necessary only if item 9	із арріїсавіе)	Signature(s) of Secured Party(ies)	
Type Name of Individual or Business	OFFICER COOK ACKNOWN EDOSMENT	Type Name of Individual or Business	DIA LINICODIA CONNECCIAL CODE - FORM LICC.