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 prefiling pursuant to the Uniform Comm	esented to a Filing Officer for nercial Code.
. Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Alagasco			
			* * # #
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			8 9 5
Pre-paid Acct. # Name and Address of Debtor	(Last Name First if a Perso	n)	
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Nicholes, Eddy			一 元本皇皇
4922 Indian Valley Rd Bham, AL 35244			* 253
Diedin, Ind Col.			
			11日
Social Security/Tax ID #	<u> </u>		H 0
A. Name and Address of Debtor (IF ANY	(Last Name First if a Perso	n)	•
Oneial Consults (You MY #			4
Social Security/Tax ID #	······································		
Additional debtors on allached UCC-E SECURED PARTY (Last Name First If a Person)		4. ASSIGNEE OF SECURED PARTY	(IF ANY) (Last Name First if a Person)
. SECONED FARTI (CERTIFICITIES FROM IT & FORSON)		4. Addition described that	(
Norrell Htg & Air		Alagasco	
Social Security/Tex ID #			
Additional secured parties on attached UCC-E			
5XX This statement refers to original Financing States Shelby CO Pro-	tement beering File No.	1993-28411	
Filed withShelby CO Pr	obate Judge	Date Filed	93
6. Continuation. The original financing statement 7302 Termination. Secured Party no longer claims		ed Party, bearing file number shown above, is still a tement bearing the file number shown above.	flective.
8. Partial or The Secured Party's right under	r the financing statement bearing file num	per shown above to the	
☐ Full property described in item 11 or Assignment, whose name and address appear	r to all of the property listed on this file, is a eas in item 4.	issigned to the assignee	
_	number shown above is amended as set steral described in Item 11 from the financ		
Release number shown above.			
1.			448 5-1 6-4-4-15
			11A. Enter Code(s) From Back of Form That Best Describes The
		•	Colleteral Covered By This Filing:
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Check X if covered: Products of Colleterel are	sleo covered.		
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Signature(s) of Debtor(s)		Signeture(s) of Secured Party(les)	
Signature(s) of Debtor(s) (necessary only if item	9 is applicable)	Signature(s) of Secured Party(les)	
Signature(s) of Debtor(s) (necessary only if item Type Name of Individual or Business	9 is applicable)	Signature(s) of Secured Party(les) A1agasco Type Name of Individual or Busines	