## 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 pre		cer for
as defined in ALA CODE 7-9-105(n).  Sheets Presented:  1. Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER	ercial Code.	· · · · · · · · · · · · · · · · · · ·
Timat Alabama Dank		Date, Time, Number & Filing Office	· · · · · · · · · · · · · · · · · · ·	
First Alabama Bank Loan Operations/Quality Control				•
P. O. Box 10247				
Birmingham, AL 35202			: :	:
			₹	
Pre-paid Acct. #  2. Name and Address of Debtor	(Last Name First if a Person)	<u>}</u>	•	4 11 11
			en Li	ST TO
Robert A. Cunningham				0 H & 0
5217 Meadow Brook Road			Ţ	1 12 14
Birmingham, AL 35242-3313			9	頭で馬
			01 +1	五五三星
Social Security/Tax ID #	(Last Name First if a Person)	<u> </u>		* 8 g
EA. (Value and Address of Debto) (II AIV)	(East Name 1 list ii a 1 elson)		٠ دد	での語
			<b>W</b>	400
			H	Ö
			·	
Social Security/Tax ID #	<del></del>			•
☐ Additional debtors on attached UCC-E				`
3. SECURED PARTY (Last Name First if a Person)	<u> </u>	4. ASSIGNEE OF SECURED PARTY	(iF ANY)	(Last Name First if a Person)
FIRST ALABAMA	ABANK			
2721 Culver Ro				
Birmingham, AI	35223-0000			
Social Security/Tax ID #				
☐ Additional secured parties on attached UCC-E				
5. This statement refers to original Financing Stateme	nt bearing File No1993/2	8087		
Filed with Shelby County Ju		Date Filed 9-14-93	3 19	· ·
6. Continuation. The original financing statement between			ective.	- <del></del>
8. Partial or The Secured Party's right under the	curity interest under the financing stateme financing statement bearing file number st	nown above to the		
☐ Full property described in item 11 or to a Assignment, whose name and address appears in	II of the property listed on this file, is assign item 4.	ned to the assignee		
	nber shown above is amended as set forth I described in item 11 from the financing s			
Release number shown above.		<u> </u>		
			114	Enter Code(s) From
			· · · · · ·	Back of Form That Best Describes The
				Collateral Covered By This Filing:
				<del></del>
Check X if covered: X Products of Collateral	are also covered.			
		X ' . 3' . n (	$\overline{r}$	<u> </u>
Signature(s) of Debtor(s)	<del></del>	Signature(s) of Secured Party(ies)	Comuk	<i></i>
Signature(s) of Debtor(s) (necessary only if item 9 is a	applicable)	Signature(s) of Secured Party(ies)  First Alabama Bank	k	
Type Name of Individual or Business	ECICED CORV. ACKNOWN EDGE LEST	Type Name of Individual or Business	· · · · · · · · · · · · · · · · · · ·	MEDCIAL CODE - EODLE LOCA
1.	FFICER COPY ACKNOWLEDGEMENT		DRM — UNIFORM COME oproved by The Secretary	MERCIAL CODE — FORM UCC-: y of State of Alabama

LON-188-1/91