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 pre- filing 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 | |
| MAGNOLIA FEDERAL P.O. BOX 1856 | BANK FOR SAVINGS | _ | |
| HATTIESBURG, MS. | 39403-1858 | | |
| Pre-paid Acct. # | | | |
| 2. Name and Address of Debtor | (Last Name First if a Person) | | 9 9 3 |
| TERRY LYNN KNOWI | ES | | てで記録 |
| RR 2, BOX 201 | | - | |
| MONTEVALLO, AL. | 35115-9621 | | |
| Social Security/Tax ID # | d and blame First if a Parnor' | | |
| 2A. Name and Address of Debtor (IF ANY | (Last Name First if a Person) | | |
| THOMAS R. KNOWLE RR 2, BOX 201 | ES | | |
| MONTEVALLO, AL. | 35115-9621 | | • |
| | | FILED WITH: | |
| Social Security/Tax ID # | · ······ | | |
| Additional debtors on attached UCC-E | Nama Eigel & a Darron) | 4. ASSIGNEE OF SECURED PARTY | (IF ANY) (Last Name First if a Person) |
| 3. NAME AND ADDRESS OF SECURED PARTY) (L | ast Name First if a Person) | 4. ASSIGNEE OF SECURED PARTI | (III MAT) (Edat (Action 1 Moths & London) |
| P.O. BOX 1858 HATTIESBURG, MS Social Security/Tax ID # | BANK FOR SAVINGS | | |
| Additional secured parties on attached UCC-E | | | |
| 5. This statement refers to original Financing Statement bearing File No. | | #030832 | |
| Filed with SHELBY CO | JUDGE OF PROBATE | Date Filed 3 = 3.0 | |
| 8. Partial or The Secured Party's right under Described in item 11 or Describe | a security interest under the financing statement the financing statement bearing file number state to all of the property listed on this file, is assign | nt bearing the file number shown above hown above to the ned to the assignee in item 11. | |
| LOAN NO. 87-691 | 50214 | | 11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: |
| P.O. 1-13-94 | | | |
| Check X if covered: Products of Collateral are Signature(s) of Debtor(s) | also covered | Signature(s) of Secured Party(ies) | |
| Signature(s) of Debtor(s) (necessary only if item | 9 is applicable) | Signature(s) of Secured Party(ies) | —————————————————————————————————————— |
| Type Name of Individual or Business | <u> </u> | Type Name of Individual or Busine | 88 |
| | G OFFICER COPY-ACKNOWLEDGEMENT | | FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3 |