

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.

REORDER FROM
Registre, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 55303
(612) 421-1713

Center 1261

| | | | | | |
|---|--|--|--|---|--|
| <input type="checkbox"/> The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n). | | No. of Additional Sheets Presented: | | This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code. | |
| 1. Return copy or recorded original to Timothy J. Pakenham, Esq. Alston & Bird 3575 Koger Boulevard, Suite 200 Duluth, Georgia 30136-4958 | | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office | | | |
| Pre-paid Acct. # _____ | | <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> Inst # 1994-18283 </div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 06/03/1994 18283 12:16 PM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE SHELBY COUNTY CLERK 001 MCD </div> | | | |
| 2. Name and Address of Debtor (Last Name First if a Person) KinderCare Learning Centers, Inc. 2400 Presidents Drive Montgomery, Alabama 36116 | | | | | |
| Social Security/Tax ID # _____ (IF ANY) (Last Name First if a Person) | | | | | |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) | | | | | |
| Social Security/Tax ID # _____ | | FILED WITH: | | | |
| <input type="checkbox"/> Additional debtors on attached UCC-E | | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person) | | | |
| 3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) Toronto Dominion (Texas), Inc. as collateral agent 909 Fannin, Suite 1700 Houston, Texas 77010 | | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person) | | | |
| Social Security/Tax ID # _____ | | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person) | | | |
| <input type="checkbox"/> Additional secured parties on attached UCC-E | | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person) | | | |

| | | | |
|---|--|--|--|
| 5. <input checked="" type="checkbox"/> This statement refers to original Financing Statement bearing File No. <u>1993-10561</u> Filed with <u>Shelby County</u> Date Filed <u>4/16</u> 19 <u>93</u> | | 11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: _____ _____ _____ _____ _____ _____ _____ | |
| 6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. <input checked="" type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. <input type="checkbox"/> Partial or Full Assignment. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4. 9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11. 10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above. | | | |
| 11. | | | |
| Check X if covered: <input type="checkbox"/> Products of Collateral are also covered. | | | |
| Signature(s) of Debtor(s) | | Signature(s) of Secured Party(ies) <u>MARTHA L. GARIEPY</u> Vice President | |
| Signature(s) of Debtor(s) (necessary only if item 9 is applicable) | | Signature(s) of Secured Party(ies) <u>Toronto Dominion (Texas), Inc. as collateral agent</u> Type Name of Individual or Business | |
| Type Name of Individual or Business | | Type Name of Individual or Business | |