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 presented filling pursuant to the Uniform Commercial		cer for
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		
William T. and Hazel	Johnson	bate, Time, Number of Fining Office		
513 16th Ave. N.W.				
Centerpoint, AL 3521	5			
TOTAL POLICE, TILL OFFE				
Pre-paid Acct. #				
Name and Address of Debtor	(Last Name First if a Person)			a
Donald Johnson			o.	
P.O. Box 414				7 L 2 C
Chelsea, AL 35043			!	
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Social Security/Tax ID #_			ω,	on x ≥ €
Name and Address of Debto: (IF ANY)	(Last Name First if a Person)	-	- 	てを言う
Wendy Johnson			*	
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Chelsea, AL 35043			Č.	Öğ "
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Social Security/Tax ID #				
Additional debtors on attached UCC-E	<u>-</u>	7		•
SECURED PARTY (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY (IF	ANY)	(Last Name First if a Pers
Tohnson, William T.	and Warel	4. MOOIGITEE OF GEOGRAPH (M. M.	,	
Joinson, Mirina	uiiu IIu Zu I			
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Additional secured parties on anacheo occ-a				
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☐ This statement refers to original Financing Statem	_	3038	0.2	,
<u> </u>	t of Shelby Coun		19_7_	· - ·· ₋
XTermination. Secured Party no longer claims a s	ecurity interest under the financing statement		,	
	e financing statement bearing file number s all of the property listed on this file, is assig			
Assignment. whose name and address appears	in item 4.			
	imber shown above is amended as set forth al described in item 11 from the financing :			
Release number shown above.				
			11 A .	Enter Code(s) From Back of Form That
	•	·		Best Describes The Collateral Covered By This Filing:
		• •		804
Check X if covered: Products of Collatera	al are also covered			
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Signature(s) of Cabtor(s)		Signature(s) of Secured Party (ies)	K	
Signature(s) of Debtor(s) (necessary only if item 9 is	s applicable)	Signature(s) of Secured Party(ies)	rica	
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FILING OFFICER COPY = ALPHARETICAL (3) FILING (3)	OFFICER COPY — ACKNOWLEDGEMENT	Type Name of Individual or Systems	I BUTTORIA COLI	MERCIAL CODE — FORM

(2) FILING OFFICER COPY — NUMERICAL LON-188 — 1/91

(4) FILE COPY - SECOND PARTY(S)