## 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		ficer for
1. Return copy or recorded original to FIRST ALABAMA BANK LOAN OPERATIONS PO BOX 10247 BIRMINGHAM, AL 35202		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	*	64 TED
Pre-paid Acct. #	(Last Name First if a Person)		1656	1. F. S.
RAY, GUY W. 1226 LAKE FOREST CIRCLE BIRMINGHAM, AL 35244  Social Security/Tax (D #	LE	# # # # # # # # # # # # # # # # # # #		34 PM CER SELPY COUNTY JUST BELLY COUNTY JUST BE
	(Last Name First if a Person)		Ë	
Social Security/Tax ID #				
Additional debtors on attached UCC-E  3. SECURED PARTY (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY (IF A	· · · · · · · · · · · · · · · · · · ·	(Last Name First if a Person)
PO BOX 10205 BIRMINGHAM, AL Social Security/Tax ID #  Additional secured parties on attached UCC-E	35202			
5. This statement refers to original Financing 5	Statement bearing File No. 1993-18	371		
Filed withSHELBY_CO		Date Filed 6-23-93	19	
7. X Termination. Secured Party no longer clair 8. Partial or The Secured Party's right und Party Property described in item 11 Assignment. Whose name and address ap 9. Amendment Financing statement bearing	ms a security interest under the financing stateme der the financing statement bearing file number sl For to all of the property listed on this file, is assign	nown above to the need to the assignee in item 11.		
			11	A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
Check X if covered: X Products of Col	llateral are also covered.	' X . 3	n /	1
Signature(s) of Debtor(s)  Signature(s) of Debtor(s) (necessary only if its	em 9 is applicable)	Signature(s) of Secured Party(ies)	<b>\</b>	amik)
Type Name of Individual or Business (1) FILING OFFICER COPY — ALPHABETICAL (3) F		Type Name of Individual or Business		MMERCIAL CODE — FORM UCC-