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 STATEM	ENT is presented to a Filing rm Commercial Code.	Officer for	
Return copy or recorded original to	. '	THIS SPACE FOR USE OF FILING Office	OFFICER		
William R. Justice First National Bank of Columbiana P. O. Box 977 Columbiana, Alabama 35051				صليا س	
			g (n	or a s	
Pre-paid Acct. #			183	***	
2. Name and Address of Debtor	(Last Name First if a Person)		riginal and the second	1 02	
Lamar, Craig Allen Lamar, Loray Moore 272 Highway 97 Columbiana, Alabama 35051			* 599.	1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/1,395 1,003/	
Social Security/Tax ID #			i g	~10° 00°	
2A. Name and Address of Debtor (IF ANY) Social Security/Tex ID #	(Last Name First if a Person)				
Additional debtors on attached UCC-E 3. SECURED PARTY (Last Name First if a Person)		4. ASSIGNEE OF SECURED PART	Y (IF ANY)	(Last Name First if a Person)	
P. O. Box 977 Columbiana, Alabama 3505 Social Security/Tax ID # Additional secured parties on attached UCC-E	····				
5. This statement refers to original Financing Stateme	ont bearing File No. 028164	-			
Filed with Shelby County Pro		Date Filed May	y 14 ₁₉	91	
Full property described in item 11 or to a Assignment, whose name and address appears it 9. Amendment Financing statement bearing file nur	curity interest under the financing stateme financing statement bearing file number sl ill of the property listed on this file, is assign	nt bearing the file number shown about hown above to the med to the assignee in item 11.			
			•	I1A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:	
					
Check X if covered: Products of Collateral are also	covered.				
Signature(s) of Debtor(s)	· · ·	First National Signature (Signature) of Secured Pa	Bank of Col	umbiana	
Signature(s) of Debtor(s) (necessary only if item 9 is		Signature(s) of Secured Pa	tice. In-Hous	se Counsel	
	FFICER COPY ACKNOWLEDGEMENT PY SECOND PARTY(S)	Type Name of Individual or STA (5) FILE COPY DEBTOR(S)	NDARD FORM UNIFORM C	OMMERCIAL CODE FORM UCC etery of State of Alabama	