## 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	No. of Additional	This FINANCING STATEMENT	is presented to a Filing Officer	for
as defined in ALA CODE 7-9-105(n). Sheets Presented:  Return copy or recorded original to		filing pursuant to the Uniform Commercial Code  THIS SPACE FOR USE OF FILING OFFICER		
FIRST ALABAMA BANK LOAN OPERATIONS		Date, Time, Number & Filing Office		
P.O. BOX 10247 BIRMINGHAM, AL. 35202  Pre-paid Acct. #		i	33765	03765 TITIT F PROBATE
2. Name and Address of Debtor  LUTZ, RANDY R  503 8TH ST. SW  ALABASTER, AL. 35007	(Last Name First if a Person)	2/06/1996-		2/06/1996- 2/06/1996- 3/ELW COWTY JUBE
Social Security/Tax ID #	Y) (Last Name First if a Person)			
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 ANY) (La	st Name First if a Person)
P.O. BOX 10 BIRMINGHAM,  Social Security/Tax ID #  Additional secured parties on attached UCC-E  This statement refers to original Financing Statement Financing Financing Financing Financing Financing Financing	AL. 35202 tement bearing File No. 1994=19			
6. Continuation. The original financing statement. 7. Termination. Secured Party no longer claims. 8. Partial or The Secured Party's right under property described in item 11 or Assignment. Whose name and address appears to Partial Secured Party releases the collection. 9. Amendment Financing statement bearing file Secured Party releases the collection.	a security interest under the financing statement the financing statement bearing file number s to all of the property listed on this file, is assign	Party, bearing file number shown above, is sent bearing the file number shown above shown above to the gned to the assignee in item 11.	7/94 19still effective.	-
11.			В В С	nter Code(s) From ack of Form That est Describes The oltateral Covered y This Filing:
•				
Check X if covered: X Products of Colla	teral are also covered.			
Signature(s) of Debtor(s)		Stonature(s) of Secured Party(i	m Com	<i>(</i> )
Signature(s) of Debtor(s) (necessary only if item	9 is applicable)	Signature(s) of Secured Party(		
Type Name of Individual or Business		FIRST ALABAKA BAN Type Name of Individual or Bu		
• • • • • • • • • • • • • • • • • • • •	NG OFFICER COPY — ACKNOWLEDGEMENT COPY — SECOND PARTY(S)	(5) FILE COPY DEBTOR(S)	APPROVED THE Secretary of Approved by The Secretary of th	HCIAL CODE FORM UCC- of State of Alabama

LON-188-1/91