UCC-3 A92 (AL)

Type Name of Individual or Business

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.

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☐ The Debtor is a transmitting utility	No. of Additional Sheets Presented:	This FINANCING STATEMENT is present filing pursuant to the Uniform Commercia	ed to a Filing Officer for il Code.
as defined in ALA CODE 7-9-105(n). Sheets Presented: 1. Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER	· · · · · · · · · · · · · · · · · · ·
NORWEST FINANCIAL AL 1511 4TH AVE SOUTH BHAM, AL 35233	ABMA INC	Date, Time, Number & Filing Office	
Pre-paid Acet. #	(Last Name First if a Person)		
HELENA, AL 35080 Social Security/Tax ID #_ 2A. Name and Address of Debtor (IF ANY) DELLA MONTGOMERY	(Last Name First if a Person)		
1720 FIELDSTONE CIRC HELENA , AL 35080 Social Security/Tax ID #	LE		
Additional debtors on attached UCC-E	<u> </u>	4. ASSIGNEE OF SECURED PARTY (1)	F AND (Last Name First if a Person)
NORWEST FINANCIAL AL 1511 4TH AVE SOUTH BHAM, AL 35233 Social Security/Tax ID #	ABAMA INC	4. ASSIGNEE OF SECONED PARTY OF THE COLUMN TO THE COLUMN THE COLUM	
☐ Additional secured parties on attached UCC-E			
		1995-5504	
This statement refers to original Financing States Filed with	ment bearing File No	Date Filed	19
6. Continuation. The original financing statement by 7. Termination. Secured Party no longer claims at 8. Partial or The Secured Party's right under the Party property described in item 11 or to Assignment. Whose name and address appears 9. Amendment Financing statement bearing file of	security interest under the financing statem he financing statement bearing file number o all of the property listed on this file, is assi	ent bearing the file number shown above. shown above to the gned to the assignee th in item 11.	ive.
THE SECURED PARTY NO SLEEPER, AND LOVE SEA		TY INTEREST IN	11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
Check X if covered: Products of Coliateral are al	so covered.		
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)	"Mal
Signature(s) of Debtor(s) (necessary only if item 9	is applicable)	Signature(s) of Secured Party(ies) NORWEST FINANCIAL A	LABAMA
Type Name of Individual or Business		Type Name of Individual or Business	

STANDARD FORM -- LINIFORM COMMERCIAL CODE -- FORM UCC-3