AL3-101994

STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n). No. of Additional Sheets Presented: 0	This FINANCING STATEMENT is presented to a Filing Officer for filling pursuant to the Uniform Commercial Code.	ж
PLEASE RETURN TO: CT Corporation Attn: John S. Ritter 49 Stevenson St. Ste. 300 San Francisco, CA 94105 (800) 874-8820 Pre-paid Acct.# 2. Name and Address of Debtor MIMS , LINDA COLLUM P.O. *BOX 1067 CALERA , AL 35040	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	23/1996-13216 7 AM CERTIFIED 7 CHRY JUBE OF PROBATE
Social Security / Tax ID #		Ins.
Social Security / Tax ID #	FILED WITH: Shelby	
JEFFERSON FEDERAL SAVINGS & LOAN ASSOC. 215 NORTH 21ST STREET BIRMINGHAM, AL 35203 Social Security / Tax ID #	4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
Additional secured parties on attached *** 5. This statement refers to original Financing Statement bearing File No. 017901		
6. Continuation. The original financing statement between the foregoing Debtor and Security. Termination. Secured Party no longer claims a security interest under the financing statement bearing file number shown above is amended as secured Party releases the collateral described in item 11 from the financing statement. Financing statement bearing file number shown above is amended as secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.	tement bearing the file number shown above. ber shown above to the assignee t forth in item 11.	
Termination: The secured party no longer under the financing statement bearing the	e file number shown above.	Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
Check X if covered: Products of Collateral are also covered. 501678-2	JEHRERSON FEDERAL SAVINGS & LO	
Signature(s) of Debtor(s)	Signature(s) of Secured Party(ies) THOMAS H. ADAMS, DOCUMENT REVI	EW
Type Name of Individual or Business	Type Name of Individual or Business STANDARD FORM — UNIFORM COMMERCIA Approved by The Secretary of State of	