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 to filing pursuant to the Uniform Commercial Coo	
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
First South Production 2341 Alabama Highway 21 P. O. Box 3288 Oxford, Alabama 36203		Date, Time, Named of the grant	
Pre-paid Acct. #	•		
2. Name and Address of Debtor	(Last Name First if a Person)		લ 🖯
McCarthy, Calvin R. 321 Tanyard Road, forme Route 1, Box 247-B Harpersville, Alabama	erly 35078		996-1620 296-1620 296-1620 296-1620 296-1620
Social Security/Tax ID #			てきまる
McCarthy, Margaret 321 Tanyard Road, forme Route 1, Box 247-B Harpersville, Alabama			15. 105/20 08:57 98:57
Social Security/Tax ID #			
☐ Additional debtors on attached UCC-E			
First South Production 2341 Alabama Highway 21 P. O. Box 3288 Oxford, Alabama 36203 Social Security/Tax ID #			
Additional secured parties on attached UCC-E			
_	tement bearing File No. 014576 d te, Shelby County	ated 6/13/86 & Cont. #0283	88 dated 6/7/91
 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 9. Amendment Financing statement bearing file 	a security interest under the financing statement of the financing statement bearing file number so to all of the property listed on this file, is assign	hown above to the med to the assignee in item 11.	
11.			
			11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: 4 0 2
7			
Check X if covered: Products of Collateral are	also covered.		
Signature(s) of Debtor(s)	· · · · · · · · · · · · · · · · · · ·	Signaturate) of Secured Party(ies)	
Signature(s) of Debtor(s) (necessary only if item	9 is applicable)	Signature(s) of Secured Party(les	CREDIT ASSOCIATION
Type Name of Individual or Business	•, <u> </u>	Type Name of Individual or Business	CLUDITI MOSCOTATION
	NO OFFICER CORV. ACUNIONI FOCEMENT		WEODAL COMMERCIAL CODE FORM LICC 2