## 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<br>Sheets Presented:   | This FINANCING STATEMENT is pre-<br>filling pursuant to the Uniform Comm | ecrited to a Filing Officercial Code. | cer for   | . <del></del>                          |
|--|--|--|---------------------------------------|---|--|
| Return copy or recorded original to  |  |  |                                       |   |  |
| Alagasco   |  |  |                                       |   |  |
|  |  |  |                                       |   |  |
|  | }  |  | Ja.                                   | <b>a</b>  |  |
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|  |  |  |                                       |   | _                                      |
| Pre-peld Acct. #  . Name and Address of Debtor   | (Last Name First II a Person)  |  | ម៉ូ ព                                 | 图5 年  | 8                                      |
|  | 122011211011101111111111111111111111111  |  | 9                                     | 7.6   |  |
| Alice Graham   |  |  | 5 6                                   | 张克 臺  |  |
| 1232 David Dr  | ,  |  | -                                     | - T.E. ≥  | 5                                      |
| Pelham, AL 35124   |  |  | •                                     | >40 ∰   | ====================================== |
| · .  |  |  |                                       | 747 E   | 8                                      |
| Social Security/Tax ID #   |  |  | 2                                     |   | į                                      |
| 2A. Name and Address of Debtor (#F ANY)  | (Last Name First If a Person)  |  | , <del>H</del>                        |   | •                                      |
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|  |  |  | <u>.</u>                              | -   |  |
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|  |  |  |                                       |   |  |
| Social Security/Tex ID #   | [  |  |                                       |   |  |
| Additional debtors on attached UCC-E   | ·  |  |                                       |   |  |
| 3. SECURED PARTY (Last Name First If a Person)   |  | 4. ASSIGNEE OF SECURED PARTY   | (F ANY)                               | Radt Name First if a  | Person)                                |
|  |  | •  |                                       |   |  |
| Cross Htg & Clg  |  | Alaga  | sco                                   |   |  |
|  |  |  |                                       |   |  |
|  |  |  |                                       |   |  |
| Social Security/Tex ID #   | <del> </del>   |  |                                       |   |  |
| Additional secured parties on attached UCC-E   |  |  |                                       |   |  |
| 5. XIXThis statement refers to original Financino Statem   | nent beering File No.  | 30560  |                                       |   | •                                      |
| 5. XX This statement refers to original Financing Statement Filed with                                   | Shelby Co  | Date Filed Oct   | 19                                    | <u>9</u> 5  |  |
| 6. Continuation. The original financing statement be   |  |  | lective.                              |   | " '                                    |
| 7.XXX armination. Secured Party no longer claims a s  8.  Partial or The Secured Party's right under the | security interest under the financing statements in financing statement bearing file number ships to the ships to the statement bearing file number ships to the statement bearing file number ships to the ships to |  |                                       |   |  |
| Full property described in item 11 or to Assignment, whose name and address appears                      | all of the property fisted on this file, is assign   | ed to the assignee   |                                       |   |  |
| 9. Amendment Financing statement bearing file nu   | umber shown above is amended as set forth (  |  |                                       |   |  |
| <ol> <li>Partial Secured Party releases the collater<br/>Release number shown above.</li> </ol>          | ral described in item 11 from the financing str  | stement bearing Me   |                                       |   |  |
| 11.  |  |  |                                       |   |  |
|  |  |  | 11A                                   | Enter Code(s) From  | n                                      |
| Debt pd in full  |  |  |                                       | DECK OF FORM FREE   |  |
| . <del>-</del>   |  |  |                                       | Back of Form That<br>Best Describes The<br>Collegeral Covered | •                                      |
| · <del>-</del>   |  |  |                                       | Best Describes The<br>Colleteral Covered<br>By This Filling:  | •                                      |
| · <del>-</del> .   |  |  |                                       | Best Describes The College al Covered                         | •                                      |
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| *** ***  ***  ***  **  **  **  **  **  |  |  |                                       | Best Describes The<br>Colleteral Covered<br>By This Filling:  | •                                      |
| Check X If covered: Products of Colleteral are also  | o covered.   |  |                                       | Best Describes The<br>Colleteral Covered<br>By This Filling:  | •                                      |
| Check X If covered: Products of Colleteral are also  | o covered.   |  |                                       | Best Describes The<br>Colleteral Covered<br>By This Filling:  | •                                      |
| •  | o covered.   | Signaturals of Section Furly Post  |                                       | Best Describes The<br>Colleteral Covered<br>By This Filling:  | •                                      |
| Check X If covered: Products of Colleteral are also  |  | Signification of Secured Partylles                                       |                                       | Best Describes The<br>Colleteral Covered<br>By This Filling:  | •                                      |
| Check X If covered: Products of Colleteral are also  |  | ( LAttiches)   |                                       | Best Describes The<br>Colleteral Covered<br>By This Filling:  | •                                      |