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: O	This FINANCING STATEMENT is presented filing pursuant to the Uniform Commercial Commerci	-
1. Return copy or recorded original to:		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
PLEASE RETURN TO: CT Corporation Attn: John S. Ritter 49 Stevenson St. Ste. 300 San Francisco, CA 94105			
Pre-paid Acct. # (800) 874-8820 2. Name and Address of Debtor	(Last Name First if a Person)		8 E E E E
MCANNALLY, ROBERT E 5209 SOUTH SHADES CREST RD BESSEMER, AL 35023			1996-248 AN CERTIF
Social Security / Tax ID #.	(Last Name First if a Person)		# 5 5 % S
2A. Name and Address of Debtor (IF ANY) WYATT, KIMBERLY S 5209 SOUTH SHADES CREST RI BESSEMER, AL 35023			Inst 11st
Social Security / Tax ID #		FILED WITH: Shelby	
Additional debtors on attached MAXXX 3. NAME AND ADDRESS OF SECURED PARTY			ANY) (Last Name First if a Person)
Social Security / Tax ID #			
5. X This statement refers to original Financing Statement	bearing File No. 026502		
Filed with Shelby		Date Filed 9/13/90	
6. Continuation. The original financing statement betwee 7. Termination. Secured Party no longer claims a secure. Secured Party's right under the fine property described in item 11 or to all sesignment. Whose name and address appears in the Partial Secured Party releases the collateral of Release number shown above. 11. Termination: The secured under the financing statement bearing file number shown above.	rity interest under the financing statem ancing statement bearing file number of the property fisted on this file, is assitem 4. er shown above is amended as set for lescribed in item 11 from the financing party no longer of the property of the statement of the financing of th	shown above to the signed to the assignee the in item 11. statement bearing file claims a security interest	St 11A Enter Code(s) From Back of Form That
			Best Describes The Collateral Covered By This Filling:
•			
N	,		_ _
552243-13	5 >	•	<u> </u>
Check X if covered:		$\mathcal{L}_{\mathcal{L}}}}}}}}}}$	
· ·		JEFRENSON FEDERAL SAVA	NGS & LOAN ASSOC
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies) THOMAS H. ADAMS, DOCUM	ENT REVIEW
Type Name of Individual or Business		Type Name of Individual or Business	FORM COMMERCIAL CODE - FORM UCC-3