

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.

F-0163

<input type="checkbox"/> 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 a Filing Officer for filing pursuant to the Uniform Commercial Code.	
1. Return copy or recorded original to COLONIAL BANK P O BOX 1887 BHAM AL 35201 ATTN: JULIE STRAUER REF: 009-8003779488 AUGUST 1, 1996 Pre-paid Acct. #			THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
2. Name and Address of Debtor (Last Name First if a Person) ROBERTS, G. M. 5316 S BROKEN BOW DR BHAM AL 35243 Social Security/Tax ID #			<div style="writing-mode: vertical-rl; transform: rotate(180deg);">Inst # 1996-25157</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">08/05/1996-25157</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">09:54 AM CERTIFIED</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">SHELBY COUNTY JUDGE OF PROBATE</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">001 MC3</div>	
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) Social Security/Tax ID #				
<input type="checkbox"/> Additional debtors on attached UCC-E				
3. SECURED PARTY (Last Name First if a Person) COLONIAL BANK P O BOX 1887 BHAM AL 35201 Social Security/Tax ID #				
<input type="checkbox"/> Additional secured parties on attached UCC-E			4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)	
5. <input checked="" type="checkbox"/> This statement refers to original Financing Statement bearing File No. 026330 Filed with SHELBY COUNTY			Date Filed 8-17 19 90	
6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.				
7. <input checked="" type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.				
8. <input type="checkbox"/> Partial or <input type="checkbox"/> Full Assignment. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4.				
9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.				
10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.				
11.				
11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: _____ _____ _____ _____ _____ _____ _____ _____				
Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.				
Signature(s) of Debtor(s)			Signature(s) of Secured Party(ies) TERRI M KEY	
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)			Signature(s) of Secured Party(ies) COLONIAL BANK	
Type Name of Individual or Business			Type Name of Individual or Business	