## 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.

|   | No. of Additional  | This FINANCING STATEMENT is presented   | to a Filing Offic | cer for   |
|---|--|---|-------------------|---|
| ☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).   | Sheets Presented:  | filing pursuant to the Uniform Commercial   | Code.             |   |
| Return copy or recorded original to   |  | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office   |                   |   |
| FIRST ALABAMA BANK  |  |   |                   |   |
| LOAN OPERATIONS   |  |   |                   |   |
| P.O.BOX 10247   |  |   |                   |   |
| BIRMINGHAM, AL 35202  |  |   |                   |   |
|   |  |   |                   |   |
| Pre-paid Acct. #  |  |   |                   |   |
| 2. Name and Address of Debtor   | (Last Name First if a Person)  | 1   |                   |   |
| ICWERY, MILAN R   |  |   |                   | _8  |
| 112 HACKBERRY LANE  |  |   | ~                 | 2 3 4   |
| MAYLENE, AL 35114   |  |   | ភ                 | せいこと  |
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|   |  |   | Ġ.                | 2   |
|   |  |   | Ō                 | 853   |
| Social Security/Tax   |  |   | 67<br>44          | 0 I E E   |
| 2A. Name and Address of Debtor (IF ANY)   | (Last Name First if a Person)  |   |                   |   |
|   |  |   | •                 | 2000 日本   |
| •   |  |   | 44                |   |
|   |  |   | č                 | <u> </u>  |
| •   | · •  |   | <b>H</b>          |   |
|   |  |   |                   |   |
| Social Security/Tax ID #  |  |   |                   |   |
| Additional debtors on attached UCC-E  | <del></del>  | <b>,</b>  |                   |   |
| 3. SECURED PARTY (Last Name First if a Person)  |  | 4. ASSIGNEE OF SECURED PARTY (IF  | ANY)              | (Last Name First if a Person)                                 |
| 5. GEOGRED FARTI (Cust regime Files in a 1 ordory   |  |   | •                 |   |
| P.O.BOX 10205<br>BIRMINGHAM, AL 35202   | IA BANK  |   |                   |   |
| BIRMINGHAM, AL 35202  Social Security/Tax ID #  |  |   |                   |   |
| BIRMINGHAM, AL 35202  Social Security/Tax ID #  Additional secured parties on attached UCC-E  |  |   |                   |   |
| BIRMINGHAM, AL 35202  Social Security/Tax ID #  |  |   |                   |   |
| BIRMINGHAM, AL 35202  Social Security/Tax ID #  Additional secured parties on attached UCC-E  5. K This statement refers to original Financing States (Filed with | ment bearing File No. 1993-1024 SHELBY COUNTY  | Date Filed 4/14/93  |                   |   |
| Social Security/Tax ID #  | ment bearing File No. 1993–1024  SHELBY COUNTY  etween the foregoing Debtor and Secured File security interest under the financing statement bearing file number so all of the property listed on this file, is assignable.  | Date Filed 4/14/93  Party, bearing file number shown above, is still effective and bearing the file number shown above. Hown above to the ned to the assignee in item 11.   |                   |   |
| BIRMINGHAM, AL 35202  Social Security/Tax ID #  | ment bearing File No. 1993–1024  SHELRY COUNTY  Setween the foregoing Debtor and Secured Financing statement bearing file number so all of the property listed on this file, is assign in item 4.  | Date Filed 4/14/93  Party, bearing file number shown above, is still effective and bearing the file number shown above. Hown above to the ned to the assignee in item 11.   |                   |   |
| BIRMINGHAM, AL 35202  Social Security/Tax ID #  | ment bearing File No. 1993–1024  SHELRY COUNTY  Setween the foregoing Debtor and Secured Financing statement bearing file number so all of the property listed on this file, is assign in item 4.  | Date Filed 4/14/93  Party, bearing file number shown above, is still effective and bearing the file number shown above. Hown above to the ned to the assignee in item 11.   |                   | Enter Code(s) From  |
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