## 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.

REORDER FROM

Registré, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 55303
(612) 421-1713

| The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).   | No. of Additional Sheets Presented:  | This FINANCING STATEMENT is present filling pursuant to the Uniform Commerce | nted to a Filing Official Code. | er for  |
|---|--|--|---------------------------------|---|
| Return copy or recorded original to   |  | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office      |                                 |   |
| NationsCredit Commercial Corp<br>1000 Holcomb Woods Pkwy Ste 24<br>Roswell, GA 30076  |  |  | <i>‡</i> '                      | -   |
| Pre-paid Acct. #  | (Last Name First if a Person)  |  |                                 | <b>4</b> 10   |
| 2. Name and Address of Debtor   | (Cast Hamp I hat to a 1 distant  |  | ò                               | 0.1.2   |
| Falkner, Tommie B.<br>465 Lokey Lane<br>Wilsonville, Alabama 35186  |  |  | น้า<br>ณ                        | 10. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18  |
|   |  |  | 1996                            | 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2   |
| Social Security/Tax ID #  | " and the or Signal if a Barrens"  |  | •                               |   |
| 2A. Name and Address of Debtor (IF ANY)   | (Last Name First if a Person)  |  | ) W                             | 08/0<br>11:43   |
| •   | ••   |  | _                               |   |
| · · · · · · · · · · · · · · · · · · ·   |  |  | <u></u>                         |   |
| Social Security / Tax ID #  | <u></u>  | FILED WITH:  |                                 |   |
| Additional debtors on attached UCC-E  3. NAME AND ADDRESS OF SECURED PARTY) (L.   | ·  | 4. ASSIGNEE OF SECURED PARTY   | (IF ANY)                        | (Last Name First if a Person)   |
| P.O. Box 468029 Atlanta, Georgia 30346-8029 Social Security/Tax ID #  Additional secured parties on attached UCC-E  | · · · · · · · · · · · · · · · · · · ·  |  |                                 |   |
| 5. This statement refers to original Financing State  | tement bearing File No. 1993-39006   |  |                                 |   |
| Filed withShelby County   |  | Date Filed 12/7  | 19                              | 93  |
| 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 Secured Party releases the collar number shown above. | a security interest under the financing statem<br>r the financing statement bearing file number<br>r to all of the property-listed on this file, is assi | shown above to the gned to the assignee th in item 11.                       | ····                            | •   |
| C43983351-809<br>7/9/96   |  |  | 11,                             | A. Enter Code(s) From<br>Back of Form That<br>Best Describes The<br>Collateral Covered<br>By This Filing: |
| r / 3/ 30   |  |  |                                 |   |
|   |  |  |                                 |   |
| - <b>T</b>  |  |  |                                 |   |
|   |  |  |                                 |   |
|   |  |  |                                 |   |
| Check X if covered: Products of Collateral are  | also covered.  | MIKMA DIRE   | V WINV                          | <u> </u>  |
| Signature(s) of Debtor(s)   | <u></u>  | Signature(s) of Secure Party(les)  | - MAL                           | <u> </u>  |
| Signature(s) of Debtor(s) (necessary only if item   | Nation's Credit commercial Corp.   |  |                                 |   |
| Type Name of Individual or Business (1) FILMS OFFICER CORY - ALPHABETICAL (3) FILII   | NG OFFICER COPY-ACKNOWLEDGEMENT  | Type Name of Individual or Business STANDARD FO                              | RM - UNIFORM CO                 | MMERCIAL CODE FORM UCC-   |