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.

Return copy or recorded original to

Union State Bank
P.O. Box 647
Pell City, AL 35125

Pre-paid Acct. #_____

Name and Address of Debtor (Last Name First if a Person)

Rich, Linda Ann
P.O. Box 489
Harpersville, AL 35078

Social Security/Tax ID #_____

Name and Address of Debtor (IF ANY) (Last Name First if a Person)

Social Security/Tax ID #_____

[ ] Additional debtors on attached UCC-E

SECURED PARTY (Last Name First if a Person)

Union State Bank
P.O. Box 647
Pell City, AL 35125

Social Security/Tax ID #_____

[ ] Additional secured parties on attached UCC-E

THIS SPACE FOR USE OF FILING OFFICER
Date, Time, Number & Filing Office

Inst # 1994-29066
09/04/1994-29066
12:15 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 MD .00

4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)

5. [X] This statement refers to original Financing Statement bearing File No. 1994-35170
Filed with Shelby County Judge of Probate Date Filed November 29, 19 94

6. [ ] Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.
7. [X] Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.
8. [ ] Partial or [ ] 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. [ ] Amendment Financing statement bearing file number shown above is amended as set forth in item 11.
10. [ ] 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: [ ] Products of Collateral are also covered.

Signature(s) of Debtor(s)

Signature(s) of Debtor(s) (necessary only if item 9 is applicable)

Type Name of Individual or Business

Signature(s) of Secured Party(ies)
Barbara Duffa Asst Cashier

Signature(s) of Secured Party(ies)
Union State Bank

Type Name of Individual or Business

(1) FILING OFFICER COPY — ALPHABETICAL
(2) FILING OFFICER COPY — NUMERICAL
(3) FILING OFFICER COPY — ACKNOWLEDGEMENT
(4) FILE COPY — SECOND PARTY(S)
(5) FILE COPY DEBTOR(S)

STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3
Approved by The Secretary of State of Alabama