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.

☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is pred filing pursuant to the Uniform Comme		fficer for
1. Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		
J. Thomas Francis, Jr.		Date, Time, Number & Fining Office		
Post Office Box 306				
	201			
Birmingham, Alabama 35	201		61	សម្រី
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Pre-paid Acct. #			90	6 E E E
2. Name and Address of Debtor	(Last Name First if a Person)	7	Ĩ	(G
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furtle Lake, Ltd.			Ď,	ማ ፲ ፲
:/o The Montford Companie:			 1	なる。
13760 Noel Road, Suite 83	17		#	F _ C #
allas, Texas			فد	12 P Z Z
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Social Security/Tax ID #			r H	
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)			
	•			
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Social Security/Tax ID #				
☐ Additional debtors on attached UCC-E				
3. SECURED PARTY (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY	(IF ANY)	(Last Name First if a Person)
			, ,	,
'irst Alaba m a Bank, as suc	cessor trustee			
to Union Bank and Trust (Company			
Commerce Street				
ontgomery, Alabama 36104				
Social Security/Tax ID #				
☐ Additional secured parties on attached UCC-E				
5. This statement refers to original Financing State	ment bearing File NoUCC#14, pa	ge 504, dated 6/4/86 and	1 UCC #26	, Page 504
Filed wiShelby County Judg	3	Date Filed	19	
 6. Continuation. The original financing statement if 7. Termination. Secured Party no longer claims a 			ective.	
	the financing statement bearing file number			
• • •	to all of the property listed on this file, is assi	gned to the assignee		
Assignment. whose name and address appear 9. Amendment Financing statement bearing file.	rs in item 4. number shown above is amended as set for	th in item 11.		•
10. Partial Secured Party releases the collate	teral described in item 11 from the financing			
Release number shown above.			. <u></u> .	
11.				
			1	IA. Enter Code(s) From Back of Form That
•				Best Describes The Collateral Covered
•				By This Filling:
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Check X if covered: Products of Collateral are a	Iso covered.	1/20		
Check X if covered: Products of Collateral are a	iso covered.	1. 1.	******	
•	iso covered.	Signatural Sacurari Parturias		
Check X if covered: Products of Collateral are a * Signature(s) of Debtor(s)	ilso covered.	Signature(s) or Secured Party(les)		
Signature(s) of Debtor(s) Signature(s) of Debtor(s) (necessary only if item 5	9 is applicable)	Signature(s) of Secured Party(les) Signature(s) of Secured Party(les)		
Signature(s) of Debtor(s)	9 is applicable)			

(2) FILING OFFICER COPY — NUMERICAL

(4) FILE COPY — SECOND PARTY(S)