STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented: 0	This FINANCING STATEMENT is presented to a Fitting pursuant to the Uniform Commercial Code.	g Officer for	
Return copy or recorded original to:	<u> </u>	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		
PLEASE RETURN T CT Corporation Attn: John S. Ritter 49 Stevenson St. Ste. 3 San Francisco, CA 941 (800) 874-8820	300		32413	-32413 ETIFIED OF PROBATE
Pre-paid Acct. #	(Last Name First if a Person)		,	CER SER
DUTTON, JOSSPH L LONG MEADOW MHP LOT #33 MAYLEEN, AL 35453			+ + 199	701/19 52 PM 52 PM
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Social Security / Tax ID #	(Last Name First if a Person)		1-4	→
DUTTON, DIANE L LONG MEADOW MHP LOT #33 MAYLEEN, AL 35453				•
· ·	·•			
Social Security / Tax ID #	<u></u>	FILED WITH: Shelby		
Additional debtors on attached				
3. NAME AND ADDRESS OF SECURED PARTY		4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name Fir	stif a Person)
P.O. BOX 385000 BIRMINGHAM, AL 35238 Social Security / Tax ID #				
Additional secured parties on attached ****				
5. This statement refers to original Financing Statement Filed with Shelby	t bearing File No. <u>1994–3230</u>	2 - Date Filed 10/28/94		
7. Termination. Secured Party no longer claims a sec 8. Partial or The Secured Party's right under the form of the Full Property described in item 11 or to all Assignment. Whose name and address appears in the Partial Secured Party releases the collateral Release number shown above. 11. Termination: The secured	urity interest under the financing statem inancing statement bearing file number if of the property listed on this file, is associated as set for described in Item 11 from the financing party no longer of the party no longer of the financing party no longer of the	shown above to the signed to the assignee of the in item 11.	11A Enter Code(s) Fro Back of Form The Best Describes T Collateral Covere	at 'h e
			By This Filing:	- -
•				-
638336-10				
4				
Check X if covered: Products of Collateral are also covered.		SPHS AANK OF AMERICA ESB	<u></u> — —	
Signature(s) of Debtor(s)	· · · · · · · · · · · · · · · · · · ·	Signature(s) of Secured Party(ies) THOMAS H. ADAMS, DOCUMENT	REVIEW	· •
Type Name of Individual or Business		Type Name of Individual or Business STANDARD FORM — UNIFORM CO Approved by The Secretary	OMMERCIAL CODE - FORM of State of Alabama	I UCC-3 AL3-10199