STATE OF ATTIBANAL UNITED IN COMMERCIAL DE 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:	filing pursuant to the	ATEMENT is presented to a F Uniform Commercial Code.	THE CHICGE TO	<u> </u>
Mary P. Thornton Dominick, Fletcher 2121 Highland Avenue South		THIS SPACE FOR USE OF FII Date, Time, Number & Filing (46.54 1F 1F 28 81E	
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Birmingham, AL 3520	5				多四量
					0 x ≥ 5
Pre-paid Acct. #		_			こる書
2. Name and Address of Debtor	(Last Name First if a Person)				44 3 3
Greystone Farms Nort #1 Shades Creek Park	way			4	
Birmingham, Alabama	35209			*	3 円 58
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Social Security/Tax ID #				ğ	遊、竇
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)			4	ur
				#	₹ ₹
	•			4	SHELBY COUNTY
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		·			
Social Security/Tax ID #	· · · · · · · · · · · · · · · · · · ·				
Additional debtors on attached UCC-E					
3. SECURED PARTY (Last Name First if a Person)	7 - 3 37 3	4. ASSIGNEE OF SECURED	PARTY (IF ANY)	(Last	Name First if a Person)
SouthTrust Bank of A	Labama, N.A.				
P.O. Box 2554 Birmingham, Alabama	35290				
Darmangnam, madama	33230				
Social Security/Tax ID #			•		
☐ Additional secured parties on attached UCC-E					
5.XX This statement refers to original Financing Statem	ent bearing File No	6-00526			
Filed with Shelby County	Judge of Probats	Dete Filed	1/8	19 96	<u> </u>
Full property described in item 11 or to Assignment whose name and address appears 9. Amendment Financing statement bearing file not 10. Partial Secured Party releases the collater	ecurity interest under the financing statem e financing statement bearing file number all of the property listed on this file, is assi	ent bearing the file number shows shown above to the gned to the assignee the in item 11.		•	
Aelease number shown above.	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
Lot 8A, according Farms North, Phase Map Book 21, Page	1, into Lots 7	& 8A as rec	orded in	Bed Bed <u>C</u> OI	er Code(s) From ok of Form That at Describes The lateral Covered
of Shelby County,		_			This Filing:
Alabama.		-	•	_	
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Check X if covered: Products of Colleteral are also	o covered.	<u> </u>			
Check X if covered: Products of Colleteral are also	o covered.				
Check X if covered: Products of Colleteral are also Signature(s) of Debtor(s)	o covered.	Signatura	Partyles)		
•		Signature(s) of Secu	red Party(se) t Bank of A		