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 Debter is a transmitting utility.		This FINANCING STATEMENT is presented to a	Filing Officer for
☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	filing pursuant to the Uniform Commercial Code.	
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Regions Bank P.O. Box 339			
21060 U.S. Highway 31			_
Thorsby, Al. 35171			
Inclody, AL. Join			
Pre-paid Acct. #			
2. Name and Address of Debtor	(Last Name First if a Person)		N O II W
Oldham, Gummie S.			
4800 Highway 11			
Pelham, Al. 35124			* % 8 =
TOTHOMY HAT SSEE!			
		<u>.</u>	1000 日本の日本
Social Security / Tax ID #	·		
Social Security/Tax ID # 2A. Name and Address of Debtor (IF ANY	(Last Name First if a Person)		
			•
Oldham, Gerald W.			, , , , , , , , , , , , , , , , , , ,
4800 Highway 11		± .	
Pelham, Al. 35124			
	·•		
Social Security/Ťax ID #.			
☐ Additional debtors on attached UCC-E			
3. SECURED PARTY (Last Name First if a Person)	<u></u>	4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
Regions Banl	S	•	
P.O. Box 339))		
21060 U.S. H			
Thorsby, Al.	-		
Social Security/Tax ID #			
☐ Additional secured parties on attached UCC-E		1	
	100/ 007/	1	· ·
5. This statement refers to original Financing Stat		7 20	19 94
Filed with Shelby County Ju	· · · · · · · · · · · · · · · · · · ·	Date / med	
 6. Gontinuation. The original financing statement 7. Termination. Secured Party no longer claims 		arty, bearing file number shown above, is still effective intibearing the file number shown above.	
	the financing statement bearing file number state all of the property listed on this file, is assign		
Assignment. whose name and address appear	_	ned to the basignee	
	e number shown above is amended as set forth ateral described in item 11 from the financing s		
Release number shown above.		<u> </u>	
11.			
			11A. Enter Code(s) From Back of Form That
			Best Describes The Collateral Covered
			By This Filing:
	•		
•			
4 1			 — —
			
			
Check X If covered: X Products of Collat	teral are also covered.	^ .	
		a 1 /11	///
		Decky Xue	KUL
Signature(s) of Debtor(s)		Signature(s) of Secure Party(ies)	-
Signature(s) of Debtor(s) (necessary only if item	9 is applicable)	Signature(s) of Secured Party(ies)	
		Regions Bank	
Type Name of Individual or Business (1) FILING OFFICER COPY — ALPHABETICAL (3) FILIN	NG OFFICER COPY — ACKNOWLEDGEMENT		ORM COMMERCIAL CODE — FORM UCC-3

(2) FILING OFFICER COPY — NUMERICAL (4) FILE COPY — SECOND PARTY(S) LON-188--1/91

(5) FILE COPY DEBTOH(S)

Approved by The Secretary of State of Alabama