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.

	No. of Addisings	This FINANCING STATEMENT is presented to a F	Nuno 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	
FIRST NATIONAL BANK OF SHI	ELBY COUNTY		
1013 1st ST N			
ALABASTER, AL 35007		Ŏ.	
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2. Name and Address of Debtor	(Last Name First if a Person)	-	
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WILLIAMS, BOBBY RAY			~ 건도들말
RT 2 BOX 515			* 0 3 3
WEST BLOCTON, AL 35184			
	·		
Comint Consumbs (Toy ID #			H 4
Social Security/Tax ID #	(Last Name First if a Person)	-	•
	·•		
•		• •	
Social Security/Tax ID #			
Additional debtors on attached UCC-E	<u></u>		
3. SECURED PARTY (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY (#F ANY)	(Last Name First if a Person)
1013 1st ST N ALABASTER, AL 35007 Social Security/Tax ID #			
☐ Additional secured parties on attached UCC-E	•		
5. This statement refers to original Financing Staten	nent bearing File No. 1996-11	565	
Filed with Shelby County Ju	dge of Probate	Date Filed 04/09	_ 19 <u>96</u>
7. X Termination. Secured Party no longer claims a s 8. Partial or The Secured Party's right under th Property described in item 11 or to Assignment. Whose name and address appears 9. Amendment Financing statement bearing file not secured Party releases the collate number shown above.	security interest under the financing statem e financing statement bearing file number all of the property listed on this file, is assi	shown above to the igned to the assignee the in item 11.	
11 .			11A. Enter Code(s) From
			Back of Form That Best Describes The
			Collateral Covered By This Filing:
•			
· .	•		
			
Objects Vit severed December of Octobers and	on covered		
Check X if covered: Products of Collateral are als	SO COVERED	MONING THAN	701
		IMMUNICIPAL	<u>4</u>
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)	()
Signature(s) of Debtor(s) (necessary only if item 9	is applicable)		COLUMBIANA
Type Name of Individual or Business	OFFICER CORY ACKNOWLEDGEMENT	Type Name of Individual or Business STANDARD FORM — UNIF	ORM COMMERCIAL CODE — FORM UCC.

(1) FILING OFFICER COPY — ALPHABETICAL (2) FILING OFFICER COPY — NUMERICAL

(3) FILING OFFICER COPY — ACKNOWLEDGEMENT (4) FILE COPY — SECOND PARTY(S) STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3
Approved by The Secretary of State of Alabama