

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.

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | No. of Additional Sheets Presented: | This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code                                                                                                                      |  |
| 1. Return copy or recorded original to<br><b>First National Bank of Columbiana</b><br><b>P O Box 977</b><br><b>Columbiana Al 35051</b><br><br>Pre-paid Acct. # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                     | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office<br><br><b>Inst # 1996-41311</b><br><b>12/16/1996-41311</b><br><b>02:14 PM CERTIFIED</b><br><b>SHELBY COUNTY JUDGE OF PROBATE</b><br><b>001 MCD .00</b> |  |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br><b>Blaauw, Jimmy W</b><br><b>2405 Brook Run DR</b><br><b>Birmingham Al 35244</b><br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                     |                                                                                                                                                                                                                                   |  |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                     |                                                                                                                                                                                                                                   |  |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                     |                                                                                                                                                                                                                                   |  |
| 3. SECURED PARTY (Last Name First if a Person)<br><br><b>First National Bank of Columbiana</b><br><b>P O Box 977</b><br><b>Columbiana Al 35051</b><br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                     | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)                                                                                                                                                               |  |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                     |                                                                                                                                                                                                                                   |  |
| 5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. <b>1995-25116</b><br>Filed with <b>Shelby County</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                     | Date Filed <b>September 11 19 95</b>                                                                                                                                                                                              |  |
| 6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.<br>7. <input checked="" type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.<br>8. <input type="checkbox"/> Partial or <input type="checkbox"/> Full. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4.<br>9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.<br>10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above. |  |                                     |                                                                                                                                                                                                                                   |  |
| 11. <b>One (1) 1969 Ford Mustnag S# 9T01F119504</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                     |                                                                                                                                                                                                                                   |  |
| 11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                     |                                                                                                                                                                                                                                   |  |
| Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                     |                                                                                                                                                                                                                                   |  |
| Signature(s) of Debtor(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                     | Signature(s) of Secured Party(ies)<br><b>Janessa Scamper</b><br><b>First National Bank of Columbiana</b>                                                                                                                          |  |
| Signature(s) of Debtor(s) (necessary only if item 9 is applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                     | Signature(s) of Secured Party(ies)                                                                                                                                                                                                |  |
| Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                     | Type Name of Individual or Business                                                                                                                                                                                               |  |