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 Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n). | No. of Additional Sheets Presented: | This FINANCING STATEMENT is filing pursuant to the Uniform Con | presented to a Filing Office mmercial Code. | er for |
|--|---|---|---|--|
| Return copy or recorded original to | | THIS SPACE FOR USE OF FILING OFFICE Date, Time, Number & Filing Office | R | |
| Union State Bank 3449 Lorna Road | | | _ | _ 8 |
| Birmingham AL 35216 | | | | |
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| Pre-paid Acct. # | | | 7 | 1 0K - |
| 2. Name and Address of Debtor Electrical Box and Enclo | | | 99 | 99.000 |
| 101 Air Park Industrial Road | | | | でを |
| Alabaster, AL 35007 | | | * | <u> </u> |
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| | | | Č | 五 6 第 |
| Social Security/Tax ID # | | | 1-1 | <i>-</i> |
| 2A. Name and Address of Debtor (IF ANY) | (Last Name First if a Person) | | | • |
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| | | | | |
| Social Security/Tax (D # | | | | |
| ☐ Additional debtors on attached UCC-E | | | | |
| 3. SECURED PARTY (Last Name First if a Person) | | 4. ASSIGNEE OF SECURED PARTY | (IF ANY) | Last Name First if a Person) |
| Union Staet Bank 3449 Lorna Road Birmingham AL 35216 | | | | |
| Social Security/Tax ID # | | | | |
| ☐ Additional secured parties on attached UCC-E | | | | |
| | | 1996-22406 | | |
| 5. This statement refers to original Financing Statement bearing File No. Shelby County Judge of Probate Filed with | | <u> </u> | | |
| 8. Partial or The Secured Party's right under the property described in item 11 or to Assignment. Whose name and address appears 9. Amendment Financing statement bearing file of Secured Party releases the collate number shown above. | security interest under the financing statement be financing statement bearing file number sho all of the property listed on this file, is assigned | t bearing the file number shown above. own above to the ed to the assignee n item 11. | effective. | |
| 11. ** | | | 44.6 | Enter Code(s) From |
| | | |) 1 . | Back of Form That Best Describes The Collateral Covered By This Filling: |
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| | | | | |
| Check X if covered: Products of Collateral are als | | | | |
| Check Air Covered: Li Products of Collateral are als | CUVETEU. | <u> </u> | | |
| Signature(s) of Debtor(s) | | Signaphers or Secored Party Res | nk A | |
| Signature(s) of Debtor(s) (necessary only if item 9 | is applicable) | Signature(s) of Secured Party(ies | 111 | |
| Type Name of Individual or Business | ** ** ** | Type Name of Busin | | |
| (1) FILING OFFICER COPY — ALPHABETICAL (3) FILING | OFFICER COPY ACKNOWLEDGEMENT OPY SECOND PARTY(S) (5 | | · | MERCIAL CODE — FORM UCC-: |