STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

20462

Important: Read Instructions on Back Before Filling out Form.

REGROER FROM
Registré, Inc.
514 PIERCE ST.
P.O. BOX 216

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7 The Cobine of the control of the c		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). Return copy or recorded original to	No. of Additional Sheets Presented:	filing pursuant to the Uniform Commercial Code. THIS SPACE FOR USE OF FILING OFFICER	
AMSOUTH BANK PO BOX 1984 BIRMINGHAM, AL 35201		Date, Time, Number & Filing Office	
Name and Address of Debtor IVEY, EDWIN C 1807 SHOAL RUN TRAIL BIRMINGHAM, AL 35242 Social Security/Tax 1D #	(Last Name First if a Person) (Last Name First if a Person)	620+0-co+-	PR CERTIFIED THE STATE OF THE
Conint Converte / Tay ID #		FILED WITH:	101/10 01:34 01:34
Social Security/Tax ID #		SHELBY COUNTY	
Additional debtors on attached UCC-E NAME AND ADDRESS OF SECURED PARTY) ((Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
PO BOX 1984 BIRMINGAHM, AL 35201 Social Security/Tex ID # Additional secured parties on attached UCC-E This statement refers to original Financing Statement withSHELBY_COU	NTY	Date Filed 7/27/95	19
7. Termination. Secured Party no longer claim 8. Partial or The Secured Party's right und property described in item 11 Assignment, whose name and address app. 9. Amendment Financing statement bearing for the property of the property described in item 11.	her the financing statement bearing file number or to all of the property fisted on this file, is assipears in item 4. file number shown above is amended as set for ollateral described in item 11 from the financing	shown above to the igned to the assignee the in item 11. statement bearing file	11A. Enter Code(s) From Back of Form That
#YAML2087H394			Bast Describes The Colleteral Covered By This Filling:
Check X if covered: Products of Collateral ar	re also covered.		<u> </u>
Signature(s) of Debtor(s)		Signature of Secured Party(ies)	· · · · · · · · · · · · · · · · · · ·
Signature(s) of Debtor(s) (necessary only if ite	em 9 is applicable)	Signature(s) of Secured Party(ies)	
Type Name of Individual or Business		Type Name of Notificial or Business	
I) FILING OFFICER COPY - ALPHABETICAL (3) FIL	JNG OFFICER COPY-ACKNOWLEDGEMENT	STANDARD FORM — UNIFOR	BM COMMERCIAL CODE — FORM UCC