

# 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.**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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>William B. Hairston, III</b><br><b>ENGEL, HAIRSTON &amp; JOHANSON, P. C.</b><br><b>P. O. BOX 370027</b><br><b>Birmingham, AL 35237-0027</b><br><br>Pre-paid Acct # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office<br><br><div style="transform: rotate(-90deg); transform-origin: center;">             Inst # 1997-01668<br/><br/>             01/16/1997-01668<br/>             09:57 AM CERTIFIED<br/>             SHELBY COUNTY JUDGE OF PROBATE<br/>             001 WCO           </div> |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><b>ALLOY CAST PRODUCTS, INC.</b><br><b>P.O. Box 1645</b><br><b>Columbiana, Alabama 35051</b><br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                         |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)<br><br><br><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><b>CENTRAL BANK OF THE SOUTH</b><br><b>P.O. Box 10566</b><br><b>Birmingham, Alabama 35296-0566</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 checked="" type="checkbox"/> This statement refers to original Financing Statement bearing File No. <b>30419 and 1996-31192</b><br>Filed with <b>Judge of Probate</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | Date Filed <b>February 3,</b> 19 <b>92</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 Assignment. 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                         |
| 11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br><div style="border: 1px solid black; height: 100px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                                                                                                                                                                                                                                                                                         |
| Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                                                                                                                                                                                                                                                                                         |
| Signature(s) of Debtor(s) _____<br><br>Signature(s) of Debtor(s) (necessary only if item 9 is applicable) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | BY: <b>Michael Reed, VP</b><br>Signature(s) of Secured Party(ies) _____                                                                                                                                                                                                                                                                                 |
| Type Name of Individual or Business _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     | Type Name of Individual or Business _____                                                                                                                                                                                                                                                                                                               |