

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

20618

**Important: Read Instructions on Back Before Filling out Form.**

REORDER FROM  
**Registre, Inc.**  
514 PIERCE ST.  
P.O. BOX 218  
ANOAKA, MN. 55303  
(612) 421-1713

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           |                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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>ATTN: GLORIA CARROLL</b><br><b>FIRST COMMERCIAL BANK</b><br><b>P. O. BOX 11746</b><br><b>BIRMINGHAM, ALABAMA 35202-1746</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office                                                                                                                                                                                              |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br><b>FOREST PARKS, L. L. C.</b><br><b>C/O JOHN B. DAVIS, JR.</b><br><b>DAVIS DEVELOPMENT COMPANY</b><br><b>1031 21ST STREET SOUTH</b><br><b>BIRMINGHAM, ALABAMA 35205</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           | <div style="writing-mode: vertical-rl; transform: rotate(180deg);">             Inst # 1997-10901<br/>             04/08/1997-10901<br/>             11:15 AM CERTIFIED<br/>             SHELBY COUNTY JUDGE OF PROBATE<br/>             001 SNR 10.00           </div> |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                                                                                                                                                                                                                                                         |
| 3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)<br><br><b>FIRST COMMERCIAL BANK</b><br><b>P. O. BOX 11746</b><br><b>BIRMINGHAM, ALABAMA 35202-1746</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           |                                                                                                                                                                                                                                                                         |
| 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           |                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           | FILED WITH:<br><b>JUDGE OF PROBATE SHELBY CO</b>                                                                                                                                                                                                                        |
| 5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. _____<br>Filed with <b>SHELBY CO JUDGE OF PROBATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           | 1996/31158<br>Date Filed <b>9/20</b> , 19 <b>96</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 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 Full 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 checked="" type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above. |                                           |                                                                                                                                                                                                                                                                         |

**LOTS 145, ACCORDING TO THE SUREVY OF FOREST PARK SUBDIVISION, AS RECORDED IN MAP BOOK 22, PAGE 28 A, B, C IN THE OFFICE OF THE JUDGE OF PROBATE OF SHELBY COUNTY; BEING SITUATED IN SHELBY COUNTY.**

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

Check X if covered: ☐ Products of Collateral are also covered.

Signature(s) of Debtor(s)

Signature(s) of Debtor(s) (necessary only if item 9 is applicable)

Type Name of Individual or Business

**FIRST COMMERCIAL BANK**

BY:

*[Signature]*  
Signature(s) of Secured Party(ies)

**MICHAEL R. WASHBURN**

**SENIOR VICE PRESIDENT**