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 DISPLAY/USER DEFINED FORMATS

ACCOUNT NUMBER: 8Ø48	79 SCR	EEN	TEXT	NO: 4		
☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:		This FINANCING S filing pursuant to the		presented to a Filing Officemental Code.	cer for
Return copy or recorded original to			THIS SPACE FOR USE OF Date, Time, Number & Filing		A	
INGRAM, JA 2325 COUNT				, 00	6140	6140 IFIED PROBATE .00
MONTEVALLO	•	AL 3	5115		1	97-14 CERT
Pre-paid Acct. #	4879 (Last Name First if a Per	rson)			60	56.7.4 5.4.5 5.4.
NAME AND A	DDRESS SAME	AS A	BOVE		*******	05/23 10:53 98.88
Social Security/Tax ID #	(Last Name First if a Per					*
2A. Name and Address of Debtor (IF ANY) LEAGUE, CHA ADDRESS SAM	RLES H.	ISON)	OK	-		
Social Security/Tax ID #	_					
☐ Additional debtors on attached UCC-E						
3. SECURED PARTY (Last Name First if a Person)			4. ASSIGNEE OF SECURE	D PARTY	(IF ANY)	(Last Name First if a Person)
a division of STB P O Box 2465 Binninghom AL 35201	_					
Additional secured parties on attached UCC-E	<u>-</u>		21.250			
This statement refers to original Financing Statement Filed with Judge of Probate St	bearing File No 1e1by County		31258 Date Filed_	10-8	19_9	3
 6. Continuation. The original financing statement between two terms and address appears in its secured Party releases the collateral or the financing statement between two terms and address appears in its secured Party releases the collateral or the financing statement bearing file number shown above. 10. Partial Secured Party releases the collateral or number shown above. 	urity interest under the financing s nancing statement bearing file nu- of the property listed on this file, is tem 4. er shown above is amended as a	statement imber show is assigned set forth in	bearing the file number shown above to the to the assignee item 11.		effective.	
					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 co	wered.		The state of	-	101	
Signature(s) of Debtor(s)	<u> </u>	_	Signature(s) of Sec	cured Partylies	Dence to	02/
			Signature(s) of Sec SouthTrust		Services	
Signature(s) of Debtor(s) (necessary only if item 9 is ap		_	a division			
• •	ICER COPY — ACKNOWLEDGEME — SECOND PARTY(S)		Type Name of Indit			MERCIAL CODE — FORM UCC-3 ry of State of Alabama