## 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 p	presented to a Filing Of presented Code.	ficer for
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICE		· · · · · · · · · · · · · · · · · · ·
Dawn Helms Sharff, Es	sq.	Date, Time, Number & Filing Office		
Walston, Wells, Ander	son & Bains, LLP			<b>A</b>
P.O. Box 830642			9	
Birmingham, AL 35283-0642			Ĭ,	
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Pre-paid Acct #			· • • • • • • • • • • • • • • • • • • •	
Name and Address of Debtor			9	<b>60 U S</b>
Crowne Land Associate	∍s, Ltd.		<b>6</b>	01
1015 Financial Center				<u> </u>
505 20th Street North				었수준물
Birmingham, AL 35203	<b>}</b>		o de la companya de	いら間
			Ž	C C C
Social Security/Tax ID #		 	H	0
2A. Name and Address of Debtor (IF ANY	) (Last Name First if a Person)			•
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Social Security/Tax ID #		1		
Additional debtors on attached UCC-E		1 1000011EE OF OFOLOGER BLEED	#F 4480	(Lest Name First M. Doron)
3. SECURED PARTY (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY	(IF ANY)	(Last Name First If a Person)
AmSouth Bank of Alaba	ama			
P.O. Box 11007	_			
Birmingham, AL 35288	3			
Social Security/Tax ID #				
Additional secured parties on attached UCC-E		<u></u>		
5. This statement refers to original Financing State	ement bearing File No. 1996-2	<del>1718 — — — — — — — — — — — — — — — — — — —</del>	<u>-</u>	
Filed withShelby County	<b>7</b>	Date Filed_Aug	3019	26
8. Partial or The Secured Party's right under property described in item 11 or Assignment. Whose name and address appears.  9. Amendment Financing statement bearing file	a security interest under the financing statement the financing statement bearing file number a to all of the property listed on this file, is assign	nt bearing the file number shown above.  hown above to the  ned to the assignee  in item 11.	effective.	
11.			11	IA. Enter Code(s) From Back of Form That Best Describes The Colleteral Covered
				By This Filling:
·				
•				
	•	_ <del>-</del>		
Check X if covered:  Products of Collateral are a	also covered.			
		By Dean 7.	Burgen	
Signature(s) of Debtor(s)	<del></del>	Signature(s) of Secured Party(les)		· · · · · · · · · · · · · · · · · · ·
		Its Vice Pres.	dentu	
Signature(s) of Debtor(s) (necessary only if item	9 is applicable)	Signature(s) of Secured Party(les) AMSOUTH BANK OF		
Type Name of Individual or Business		Type Name of Individual or Busin	069	
, ,	IG OFFICER COPY — ACKNOWLEDGEMENT COPY — SECOND PARTY(S)	(5) FILE COPY DEBTOR(S)		MMERCIAL CODE — FORM UCC-3 stary of State of Alabama