## 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 a filing pursuant to the Uniform Con	presented to a Filing C nmercial Code.	Officer for
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICE Date, Time, Number & Filing Office	Ř	
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Pre-paid Acct. #		2,		K HE S
2. Name and Address of Debtor	(Last Name First if a Person)			しては
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W. Allan Murphy 4605 Burningtree Ln			<u>o</u> ,	Ø1 ~~ a
Pelham, Al 35124	İ		→	A TELES
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Social Security/Tex ID #			ψ. C	<b>CM</b>
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)		<del>j-1</del>	<b>o</b> *
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3. SECURED PARTY (Last Name First If a Person)	<del></del> -	4. ASSIGNEE OF SECURED PARTY	(IF ANY)	(Last Name First if a Person)
T SECRET LYMLL (FREK MEINE LILER II S LEGISON)		4. ASSIGNEE OF SECONCO PARTY	bi (241)	(Cast Hallio Frist II at Followin)
Norrell Htg & Air		Alagasco		
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Social Security/Tax ID #				
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Additional secured parties on attached UCC-E			<del></del>	<del></del>
5. This statement refers to original Financing Statem		04052	<del> </del>	
	<u>'O</u>	Date Filed Feb 7	19_	<u>97</u>
<ol> <li>Continuation. The original financing statement be</li> <li>KKTermination. Secured Party no longer claims a s</li> </ol>	etween the foregoing Debtor and Secured Pa security interest under the financing statemen		l effective.	
8. Partial or The Secured Party's right under th	e financing statement bearing file number sh	lown above to the		
☐ Full property described in item 11 or to Assignment, whose name and address appears	all of the property listed on this file, is assign in item 4.	ned to the assignee		
9. C Amendment Financing statement bearing file nu	umber shown above is amended as set forth			
Release number shown above.	ral described in Item 11 from the financing st	atement bearing me		
11.	······································		<del></del>	
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Check X if covered: Products of Colleteral are als	o covered.	Ltown		Back of Form That Best Describes The Colleteral Covered By This Filling:
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