


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 Regions Bank P O Box 339 Thorsby, Al 35171 Pre-paid Acct # _____		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office <div style="text-align: center; font-weight: bold; transform: rotate(-90deg); transform-origin: center;">Inst # 1997-19805</div> <div style="text-align: center; font-weight: bold; transform: rotate(-90deg); transform-origin: center;">06/25/1997-19805</div> <div style="text-align: center; font-weight: bold; transform: rotate(-90deg); transform-origin: center;">10:02 AM CERTIFIED</div> <div style="text-align: center; font-weight: bold; transform: rotate(-90deg); transform-origin: center;">SHELBY COUNTY JUDGE OF PROBATE</div> <div style="text-align: center; font-weight: bold; transform: rotate(-90deg); transform-origin: center;">001 MCB .00</div>	
2. Name and Address of Debtor (Last Name First if a Person) Goolsby, Thomas D. Rt 4, Box 160 Hwy 25 East Montevallo, Al 35115 Social Security/Tax ID # _____		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)	
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) Goolsby, Cindy Rt4, Box 160 Hwy 25 East Montevallo, Al 35115 Social Security/Tax ID # _____			
3. SECURED PARTY (Last Name First if a Person) FIRST ALABAMA BANK P O Box 339 Thorsby, Al 35171 Social Security/Tax ID # _____			
<input type="checkbox"/> Additional secured parties on attached UCC-E		5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. 030536 (016462 filed 2/27/87) Filed with <u>Shelby Co Judge of Probate</u> Date Filed <u>Feb 17</u> 19 <u>1992</u>	
6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. <input checked="" type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. <input type="checkbox"/> Partial or <input type="checkbox"/> 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. 9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11. 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. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			
Check X if covered: <input checked="" type="checkbox"/> Products of Collateral are also covered.			
Thomas Goolsby Signature(s) of Debtor(s) Cindy Goolsby Signature(s) of Debtor(s) (necessary only if item 9 is applicable) Type Name of Individual or Business		<div style="text-align: center;"> Signature(s) of Secured Party(ies) Regions Bank Signature(s) of Secured Party(ies) Type Name of Individual or Business</div>	

(1) FILING OFFICER COPY — ALPHABETICAL
(2) FILING OFFICER COPY — NUMERICAL
LON-188—1/91

(3) FILING OFFICER COPY — ACKNOWLEDGEMENT
(4) FILE COPY — SECOND PARTY(S)

(5) FILE COPY DEBTOR(S)

STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3
Approved by The Secretary of State of Alabama