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 presented to a Filing Officer for filing pursuant to the Uniform Commercial Code. THIS SPACE FOR USE OF FILING OFFICER
FIRST SOUTH PRODUCTION CI 2341 ALABAMA HIGHWAY 21 S P. O. BOX 3288 DOXFORD, ALABAMA 36203		Date, Time, Number & Filing Office
Pre-paid Acct # Name and Address of Debtor MCCARTHY, CALVIN R. 321 TANYARD ROAD HARPERSVILLE, ALABAMA 3.	(Last Name First if a Person)	1997-22958 1997-22958 IN JUNCE OF PROBATE ACT 1997
Social Security/Tax ID #_ 2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)	Inst # 12:05 P SHELBY COUNTY OF 1
Social Security/Tax ID #		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Per
FIRST SOUTH PRODUCTION CT 2341 ALABAMA HIGHWAY 21 S P. O. BOX 3288 OXFORD, ALABAMA 36203 Social Security/Tax 1D # Additional secured parties on attached UCC-E		
5. This statement refers to original Financing Statement Probate Judge, Similar Statement Probate Stat		45 Date Filed 09/02 19_93
6. Continuation. The original financing statement beto 7. Termination. Secured Party no longer claims a secured Party's right under the property described in item 11 or to a Assignment. Whose name and address appears in Financing statement bearing file nut to 10. Partial Secured Party releases the collaters number shown above.	ecurity interest under the financing statem financing statement bearing file number s all of the property listed on this file, is assig	Party, bearing file number shown above, is still effective. ant bearing the file number shown above. shown above to the speed to the assignee. In in item 11.
11.		11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: 4 0 2
		300
Check X if covered: Products of Collateral are also	covered.	——————————————————————————————————————
Signature(s) of Debtor(s)	- analicable)	Signature(s) of Secured Party(ies) Signature(s) of Secured Party(ies)
Signature(s) of Debtor(s) (necessary only if item 9 is Type Name of Individual or Business		Type Name of Individual or Business