## 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.

	<u></u>			
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 Filling pursuant to the Uniform Commercial Code	ding Officer fo	or
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER		— M- N
CURTISS, JAMES E.	•	Date: Time, Number & Filing Office		
910 HWY 315			ហ្	10 W
COLUMBIA AL 35051		•	ŭ. Vi	4 H €
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83473			Ĭ	4 1 5
Pre-paid Acct. #	O	-	, <b>6</b>	
Name and Address of Debtor	(Last Name First if a Person)		<u>6</u>	
NAME AND ADDRESS	SAME AS ABOVE			せた
	•		***	0, 8
			Inst	12/3 03:13 8起歌
Social Security/Tax ID #				
A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)	<del>}</del>		•
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OUDDITOR AND TO				
CURTISS, ANDI S.	LDOVE			
ADDRESS SAME AS A	IDOVE			
Social Security/Tax ID #	<u> </u>	فد		
Additional debtors on attached UCC-E	· · · · · · · · · · · · · · · · · · ·			
SECURED PARTY (Last Name First if a Person)	<u> </u>	4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last	t Name First if a Person;
		· · · · · · · · · · · · · · · · · · ·		
SOUTHTRUST BANK, N	NA ·			
PO BOX 2465	05004			
BIRINGHAM AL	35201			
Social Security/Tax ID #	<del></del>			
☐ Additional secured parties on attached UCC-E				
5. This statement refers to original Financing Statement	ent bearing File No149.	33		-
Filed with JUDGE OF PROBAT		UNTY Date Filed	. 19	-
7 $X\!X$ Termination. Secured Party no longer claims a se				
Full property described in item 11 or to a Assignment, whose name and address appears it	all of the property listed on this file, is as: in item 4	signed to the assignee		
9.   Amendment Financing statement bearing file nur	mber shown above is amended as set fo			
<ol> <li>Partial Secured Party releases the collatera Release number shown above.</li> </ol>	al described in item 11 from the financing ~	g statement bearing file		
l.				
				ter Code(s) From ck of Form That
			Bes	st Describes The Rateral Covered
				This Filing:
			_	<del></del>
, <b>4</b>		•		
h			_	
			_	
Check X if covered: Products of Collateral are also	covered.			
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)		
Signature(s) of Debtor(s) (necessary only if item 9 is	: applicable)	Signature(s) of Secured Party(ies)		
orgenature(s) or Deptor(s) (necessary only if item 9 )s	аррисвые)	Signature(a) or Corect Party(188)		
Type Name of Individual or Business		Type Name of Individual or Business		
	OFFICER COPY — ACKNOWLEDGEMENT	STANDARD FORM UNIFO	RM COMMER	ICIAL CODE - FORM