

# 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).<br>1. Return copy or recorded original to:<br><b>Nations Credit</b><br><b>1000 Holcomb Woods Pkwy #240</b><br><b>Roswell, Ga 30076</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | No. of Additional Sheets Presented: _____                                  | This FINANCING STATEMENT is presented to a Filing Office for filing pursuant to the Uniform Commercial Code.<br>THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office<br><div style="text-align: center; font-weight: bold; font-size: 1.2em;">             1994-13534<br/>             4-25-94<br/>             03/25/1998-10512<br/>             01:37 PM CERTIFIED<br/>             SHELBY COUNTY JUDGE OF PROBATE<br/>             001 MCD           </div> |
| Pre-paid Acct. #: _____<br>2. Name and Address of Debtor (Last Name First if a Person)<br><b>Fox, Kenneth M</b><br><b>103 Cedar <del>XXXX</del> Cove Dr</b><br><b>Pelham, AL 35124</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Social Security/Tax ID #: _____<br>2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Social Security/Tax ID #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 3. SECURED PARTY (Name and Address of Secured Party)<br><b>NationsCredit</b><br><b>7000 Central Pkwy #1400</b><br><b>Atl, Ga 30328</b><br>Social Security/Tax ID #: _____<br><input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4. ASSIGNEE OF SECURED PARTY (Name and Address of Assignee)                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. <b>1994-13534</b><br>Filed with <b>Shelby County</b> Date Filed <b>4-25-94</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.<br>7. <input checked="" type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.<br>8. <input type="checkbox"/> Partial or 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.<br>9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.<br>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. <b>C44069440-809</b><br><b>3-2-98</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Signature(s) of Debtor(s)<br>_____<br>Signature(s) of Debtor(s) (necessary only if item 9 is applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            | Signature(s) of Secured Party(ies)<br><b>Nations Credit</b><br>_____<br>Signature(s) of Secured Party(ies)<br><b>CAO</b>                                                                                                                                                                                                                                                                                                                                                             |