

☐ 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

THIS SPACE FOR USE OF FILING OFFICER
Date, Time, Number & Filing Office

ALAGASCO

Pre-paid Acct. #

2. Name and Address of Debtor

(Last Name First if a Person)

MAURICE HEBERT
1429 TIMBER CIRCLE
HELENA, ALABAMA 35080

Social Security/Tax ID #

2A. Name and Address of Debtor

(IF ANY)

(Last Name First if a Person)

Social Security/Tax ID #

☐ Additional debtors on attached UCC-E

3. SECURED PARTY (Last Name First if a Person)

WILKERSON CO.

Social Security/Tax ID #

☐ Additional secured parties on attached UCC-E

4. ASSIGNEE OF SECURED PARTY

(IF ANY)

(Last Name First if a Person)

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5. ☒ This statement refers to original Financing Statement bearing File No.

#25883

Filed with SHELBY COUNTY

Date Filed AUG. 9, 1996

6. ☐ Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.

7. ☒ Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.

8. ☐ 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.

9. ☐ Amendment. Financing statement bearing file number shown above is amended as set forth in Item 11.

10. ☐ Partial Release. Secured Party releases the collateral described in Item 11 from the financing statement bearing file number shown above.

11.

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

500

Check X if covered: ☐ Products of Collateral are also covered.

Signature(s) of Debtor(s)

Signature(s) of Debtor(s) (necessary only if Item 9 is applicable)

Type Name of Individual or Business

Signature(s) of Secured Party(ies)

Signature(s) of Secured Party(ies)

ALAGASCO

Type Name of Individual or Business

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

(1) FILING OFFICER COPY ALPHABETICAL