## 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   | No. of Additional   | This FINANCING STATEMENT i  | s presented to a Filing Offic | er tor   |
|--|---|---|-------------------------------|--|
| as defined in ALA CODE 7-9-105(n).   | Sheets Presented:   | filing pursuant to the Uniform C  | ommercial Code.               |  |
| Return copy or recorded original to  |   | THIS SPACE FOR USE OF FILING OFFICE Date, Time, Number & Filling Office             | JEN                           |  |
| REGIONS BANK   |   |   |                               |  |
| LOAN OPERATIONS  | •   | •   |                               |  |
| P.O.BOX 10247  |   |   |                               |  |
| BIRMINGHAM, AL 35202   |   |   |                               |  |
|  |   | •   | <b>!~</b> _                   | <b>Α</b>   |
| Pre-paid Acct. #   | <u>v</u>  |   | en<br>T                       | 7 H E  |
| Name and Address of Debtor   | (Last Name First if a Person)   |   |                               | で「間間の  |
|  | •   | 1.  | <del>न्</del><br>।            | 7 - 5  |
| HELENA PHARMACY, INC.  | •   |   | Ď                             | O II 134   |
| 265 VILLAGE PKWY   | •   |   | <u>ο</u>                      | 86. 三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三           |
| HELENA, AL 35080   |   |   |                               | さまを見   |
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| Social Security/Tax ID #   | ) (Last Name First if a Person)   | •   | Ŋ.                            |  |
| EL Maine and Manage of Manton (in 1999)  | , jane indication of proofity   |   | <u></u>                       | 000  |
|  |   |   | ,<br>F-1                      | <b>-</b> ≠-t                                       |
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|  |   |   |                               |  |
| Social Security/Tax ID #   |   |   | •                             |  |
| ☐ Additional debtors on attached UCC-E   |   | * · · · · · · · · · · · · · · · · · · ·   | <u>.</u>                      |  |
| 3. SECURED PARTY (Last Name First if a Person)   |   | 4. ASSIGNEE OF SECURED PARTY  | (IF ANY)                      | Last Name First if a Person)                       |
| REGIONS BANK FKA FIRST   | ALABAMA BANK  |   |                               |  |
| 201 1ST AVE EAST   |   | •   |                               |  |
| ONEONTA, AL 35121  | •   |   | •                             |  |
| •  |   |   |                               |  |
| Social Security/Tax ID #   | ·<br>   |   |                               |  |
| ☐ Additional secured parties on attached UCC-E   |   |   |                               |  |
| 5. A This statement refers to original Financing Stat  |   |   | )                             |  |
| Filed withTIDGE_OF_PROBAT  |   | Date Filed 3/28/9   |                               | <del></del>  |
| 6. Continuation. The original financing statement 7. X Termination. Secured Party no longer claims | between the foregoing Debtor and Secured P<br>a security interest under the financing stateme | arty, bearing file number shown above, is sent bearing the file number shown above. | till effective.               |  |
| 8. Partial of The Secured Party's right under  | the financing statement bearing file number s   | hown above to the   |                               |  |
| Full property described in item 11 or<br>Assignment, whose name and address appear                 | to all of the property listed on this file, is assigned in item 4.                            | ned to the assignee   |                               |  |
| 9. Amendment Financing statement bearing file  | number shown above is amended as set forth  | tetement hearing file   |                               | •  |
| 10. Partial Secured Party releases the colla Release number shown above.                           | iteral described in item 11 from the financing s  | naterient pearing me  |                               |  |
| † <b>1</b> .   |   |   | *                             |  |
|  |   |   | 11A.                          | Enter Code(s) From<br>Back of Form That            |
| •  |   |   |                               | Best Describes The<br>Collateral Covered           |
|  |   |   | •                             | By This Filing:                                    |
| -  |   |   |                               |  |
|  |   |   |                               | <del></del>  |
|  |   |   |                               |  |
| . <b>á</b>   |   |   |                               |  |
|  | •   |   |                               |  |
| •  |   |   |                               |  |
| Check X if covered:  Products of Collateral are  | also covered  |   |                               |  |
| Check A is covered. Lit Products of Constensi ste  |   | , ,   | <b>MA</b> ( <b>M</b>          | 1  |
|  |   | Signature(s) of Secured Party(i   | // in come                    | <u></u>  |
| Signature(s) of Debtor(s)  |   | Pigraphie(s) of Secured Party(  |                               | <u></u>  |
| Signature(s) of Debtor(s) (necessary only if item  | Signature(s) of Secured Party(in REGIONS BANK I   | es)<br>KA FIRST ALA   | BAMA BANK                     |  |
| Type Name of Individual or Business  | <del></del>   | Type Name of Individual or Bu   |                               |  |
| (1) FILING OFFICER COPY - ALPHABETICAL (3) FILI  | NG OFFICER COPY — ACKNOWLEDGEMENT<br>COPY — SECOND PARTY(S)                                   |   |                               | MERCIAL CODE — FORM UCC-:<br>y of State of Alabama |