## 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.

	No. of Additional Sheets Presented:	This FINANCING STATEMENT is p filing pursuant to the Uniform Com	presented to a Filling Officer for imercial Code.
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
AMERICAN GENERAL FINANCE	.INC		
500 GENE REED RD STE 115			
BIRMINGHAM, AL. 35215			¥• •
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Pre-paid Acct. #			
2. Name and Address of Debtor	(Last Name First if a Person)		
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COX, DAMON KEITH			
9626 HWY 615			
WILSONVILLE, AL. 35186			
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Additional debtors on attached UCC-E			
3. SECURED PARTY (Last Name First if a Person)	· · · · · · · · · · · · · · · · · · ·	4. ASSIGNEE OF SECURED PARTY	(IF ANY) (Last Name First if a Person)
		`	•
AMERICAN GENERAL FINANCI	-	1	
500 GENE REED RD STE 11!	)		
BIRMINGHAM, AL. 35215			
Social Security/Tax ID #			
Additional secured parties on attached UCC-E			
5. This statement refers to original Financing Statement bearing	eering File No. 1997	17997	· · · · · · · · · · · · · · · · · · ·
Filed withSHELBY	earing rie No.	Date Filed06/09/	/ 97
<ol> <li>Continuation.</li> <li>Secured Party no longer claims a securi</li> <li>Partial or The Secured Party's right under the final property described in item 11 or to all of whose name and address appears in item 10.</li> <li>Amendment Financing statement bearing file number Secured Party releases the collateral despense</li> <li>Continuation.</li> <li>Secured Party releases the collateral despense</li> <li>Partial Secured Party releases the collateral despense</li> </ol>	ty interest under the financing statement bearing file number a the property listed on this file, is assign 4.  shown above is amended as set forth	ent bearing the file number shown above.  shown above to the med to the assignee in item 11.	· · · · · · · · · · · · · · · · · · ·
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			11A. Enter Code(s) From Back of Form That Bast Describes The Collateral Covered By This Filling:
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