

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 as defined in ALA CODE 7-9-105(n). Return copy or recorded original to:	No. of Additional Sheets Presented:	This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code. THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
Union State Bank P.O. Box 429 Pleasant Grove, AL 35127 Pre-paid Acct. # _____ Name and Address of Debtor (Last Name First if a Person) Smitherman, W. E. 917 Ryecroft Road Pelham, AL 35124 Social Security/Tax ID # _____ Name and Address of Debtor (IF ANY) (Last Name First if a Person) Social Security/Tax ID # _____ Additional debtors on attached UCC-E SECURED PARTY (Last Name First if a Person) Union State Bank P.O. Box 429 Pleasant Grove, AL 35127 Social Security/Tax ID # _____ Additional secured parties on attached UCC-E		Inst # 1998-21021 06/08/1998-21021 09:09 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE .00 001 MCD
☐ This statement refers to original Financing Statement bearing File No. <u>1996-18328</u> Filed with <u>Judge of Probate Shelby County</u> Date Filed <u>6/6</u> 19 <u>96</u> ☐ Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. ☒ Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. ☐ 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. ☐ Amendment. Financing statement bearing file number shown above is amended as set forth in item 11. ☐ Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)

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

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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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) Union State Bank
 Type Name of Individual or Business _____