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). | No. of Additional Sheets Presented: | This FINANCING STATEMENT is prifiling pursuant to the Uniform Comm | esented to a filling Office nercial Code | er sor |
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| . Return copy or recorded original to | | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office | | |
| UNION STATE BANK | • | | | |
| 3026 INDEPENDENCE DRIVE | | | | |
| HOMEWOOD, AL 35209 | • | | 10 | |
| 1 | • | | | 321 |
| | •. | 1 | | |
| Pre-paid Acct. # | | | | ILL |
| Name and Address of Debtor | (Lust Name First if a Person) | - | T I | 5 5 2 |
| JAMES L PARTRIDGE | | | | 7 - 20 |
| 309 GREENPARK S | | | → 🌺 | |
| PELHAM, AL 35124 | | | | 395 |
| | • | | | 329 |
| | | | S. S. | 0 7 |
| Social Security/Tax ID # | (Last Name First if a Person) | | • • • | ng Hes ing * |
| TABLE OF PARTY | (ZZZZZ TYZZY) | | ۱ <u>۲ </u> | • |
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| Conial Conveits (Tou ID # | | | | |
| Social Security/Tax ID # | | - ¹⁹ | | |
| Additional debtors on attached UCC-E | · · · · · · · · · · · · · · · · · · · | 4. ASSIGNEE OF SECURED PARTY | (IF ANY) (| Last Name First if a Person) |
| SECURED PARTY (Last Name First if a Person) UNION STATE BANK | | 4. HOOKSITEE SV GEGGIATE VIII. | (, | |
| 3026 INDEPENDENCE DRIVE | | 1 | | |
| HOMEWOOD, AL 35209 | | | • | |
| | | | | |
| Social Security/Tax ID # | | | | |
| Additional secured parties on attached UCC-E | | | | |
| XXThis statement refers to original Financing Statem | 1000 100 | 036 | | |
| TO Died Addition to the part of the part o | nent bearing File No1998_190 | 05.00 | 19 98 | |
| Filed with SHELBY COUNTY J | JUDGE OF PROBATE | Date Filed 05-26 | | |
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