UCC-3 A92 (AL)

## 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)		of Additional ets Presented:	This FINANCING STATE	MENT is presented to inform Commercial Co	o a Filing Officer lo	Of	
Return copy or recorded original to			THIS SPACE FOR USE OF FILING Date, Time, Number & Filing Office				
	INANCIAL AI GOMERY HWY 35244		•		-		
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Pre-paid Acct. #  2. Name and Address of Debtor	· · · · · · · · · · · · · · · · · · ·	(Last Name First if a Person)			4	168 11	PROBATE
HOWARD A 600 OLD TO					# 1998-31	344 998-314	THE PARTY NAME OF PARTY
Social Security/Tax ID #  2A. Name and Address of Debtor	(IF ANT)	(Last Name First if a Person)		•	Inst	08824 4	SELB
	· ·			*			
•							
Social Security/Tax ID #			•				
Additional debtors on attached UCC-E					8-3146 M (Las	8	
3. SECURED PARTY (Last Name First	t if a Person)		4. ASSIGNEE OF SECURE	成 一作 本	lŸ) (Las	t Name First if a P	erson)
1841 MONTOGMERY HWY SUITE 105 HOOVER AL 35244  Social Security/Tax ID #			DB/13/1998-31468 D2:24 PM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE OUL NCD .00				
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5.     XThis statement refers to origina   Filed with 6 / 2 3	_	ng File No	Date Filed		19	_	
☐ Full property describe  Assignment whose name and  9. ☐ Amendment Financing states	tonger claims a security in the financing of the financing of the financing of the financing district and the district and the financing file number show the security of the collateral description.	terest under the financing statements statement bearing file number statement bearing file number statements property listed on this file, is assign	nt bearing the file number shown at nown above to the ned to the assignee t				
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<i>i</i>						<del></del>	<del></del>
Check X if covered: Products of	Collateral are also covered	l. 	<u>-</u>				
Signature(s) of Debtor(s)			Signature(s) of Secure	Harry(ies)	, S		
Signature(s) of Debtor(s) (necess	sary only if item 9 is applicat	o <del>le</del> )	Signature(s) of Secured NORWES		IAL ALA	ABAMA II	NC
Type Name of Individual or Busing SELING OFFICER COPY — ALPHARETI	<del></del>	COPY — ACKNOWLEDGEMENT	Type Name of Individua	of Or Business STANDARD FORM — U	DUSCOSIA CONTRASS	SCAL CODE CO	