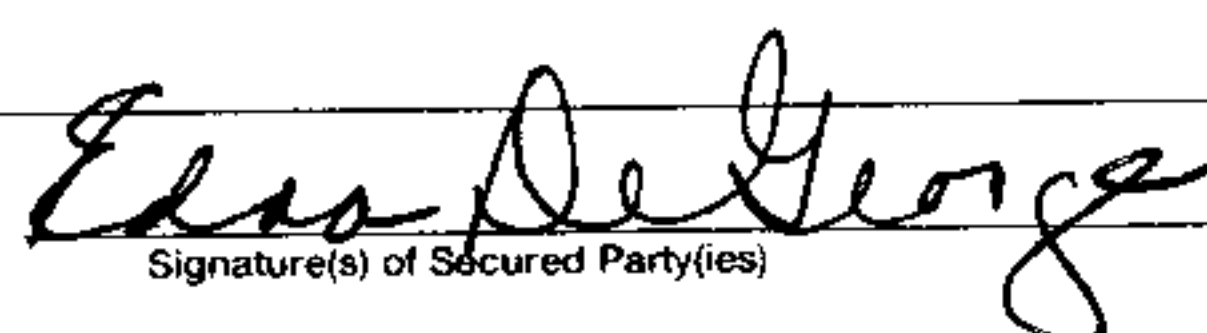


# STATE OF ALABAMA — UNIFORM COMMERCIAL CODE

## STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

**Important: Read Instructions on Back Before Filling out Form.**

<input type="checkbox"/> The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented: _____	This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.																				
1. Return copy or recorded original to  <b>NORWEST FINANCIAL ALABAMA INC</b> <b>1841 MONTGOMERY HWY SUITE 105</b> <b>HOOVER AL 35244</b>  Pre-paid Acct. # _____		<div style="transform: rotate(-90deg); transform-origin: center;">Inst. # 1998-36586</div> <div style="transform: rotate(-90deg); transform-origin: center;">09/18/1998-36586</div> <div style="transform: rotate(-90deg); transform-origin: center;">01:46 PM CERTIFIED</div> <div style="transform: rotate(-90deg); transform-origin: center;">SHELBY COUNTY JUDGE OF PROBATE</div> <div style="transform: rotate(-90deg); transform-origin: center;">001 CRH</div>																				
2. Name and Address of Debtor (Last Name First if a Person)  <b>KORNEGAY MARK D</b> <b>146 PECAN GROVE LANE</b> <b>MONTEVALLO AL 35115</b>  Social Security/Tax ID # _____																						
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)  <b>KORNEGAY TANYA</b> <b>146 PECAN GROVE LANE</b> <b>MONTEVALLO ALA 35115</b>  Social Security/Tax ID # _____																						
<input type="checkbox"/> Additional debtors on attached UCC-E																						
3. SECURED PARTY (Last Name First if a Person)     Social Security/Tax ID # _____		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office																				
<input type="checkbox"/> Additional secured parties on attached UCC-E																						
4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)																						
5. <input checked="" type="checkbox"/> This statement refers to original Financing Statement bearing File No. <u>1996/21301</u> Filed with <u>SHELBY COUNTY JUDGE OF PROBATE</u> Date Filed <u>7/2/96</u>																						
6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. <input checked="" type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. <input type="checkbox"/> 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. 9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11. 10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.																						
11. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </table>			_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____																					
_____	_____																					
_____	_____																					
_____	_____																					
_____	_____																					
_____	_____																					
_____	_____																					
_____	_____																					
_____	_____																					
_____	_____																					
Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.																						
Signature(s) of Debtor(s) _____  Signature(s) of Debtor(s) (necessary only if item 9 is applicable) _____  Type Name of Individual or Business _____		<div style="text-align: center;">           Signature(s) of Secured Party(ies)  <b>NORWEST FINANCIAL ALABAMA INC</b>          Type Name of Individual or Business       </div>																				