## STATE OF ALABAMA \_\_ UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. \_\_ FORM UCC-3

| The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).  | No. of Additional<br>Sheets Presented: 0  | This FINANCING STATEMENT is presented to a Filing filing pursuant to the Uniform Commercial Code. | Officer for  |
|--|---|---|--|
| Return copy or recorded original to:   |   | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office                           |  |
| -  |   | Date, Time, Historia & Family Chico   | a. 🛱   |
|  |   |   |  |
|  |   |   | S S S S S S S S S S S S S S S S S S S  |
|  |   |   |  |
| re-paid Acct. #Name and Address of Debtor  | (Last Name First If a Person)   | <b></b>   |  |
| RICE, EVELYN   |   |   | ₩ B  |
| T 2 BOX 660<br>CALERA, AL 35040  |   |   | * 74 E   |
|  |   |   | # OPES   |
|  |   |   |  |
| Social Security / Tax ID   |   |   |  |
| Name and Address of Debtor (IF ANY)  | (Last Name First if a Person)   |   | ÷  |
| TRICE, VERLYN<br>RT 2 BOX 660  |   |   | 2 ° · · · · · · · · · · · · · · · · · ·  |
| CALERA, AL 35040   |   |   |  |
| •  |   |   |  |
| •  |   |   |  |
| Social Security / Tay ID :   |   | FILED WITH:   | <del></del>  |
| Additional debtors on attached UCCYEX  | <del></del> -   | Shelby  |  |
| NAME AND ADDRESS OF SECURED PARTY  |   | 4. ASSIGNEE OF SECURED PARTY (IF ANY)   | (Last Name First If a Person)  |
| 215 NORTH 21ST ST BIRMINGHAM, AL 35203  Social Security / Tax ID #  Additional secured parties on attached ************************************  | . <u></u>   |   |  |
| This statement refers to original Financing Statement  | ent bearing File No. <u>1993-1618</u>   | 30  |  |
| Filed with Shelby  |   | Date Filed 6/4/93   |  |
| Termination. Secured Party no longer claims a s  Partial or The Secured Party's right under th  Full property described in item 11 or to  Assignment, whose name and address appear  Amendment Financing statement bearing file nu | ecurity interest under the financing statement<br>e financing statement bearing file number sho<br>to all of the property listed on this file, is assig | own above to the igned to the assignee in item 11.  |  |
| Termination: The secure under the financing sta  | ed party no longer atement bearing the PLEASE RETURN TO   | claims a security interest file number shown above.   | 11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling: |
|  | CT Corporation System   | 7   | <u>1 0 3 6 0 2</u>   |
|  | Attn: Lola Oduniami   |   |  |
|  | 49 Stevenson St. Ste. 30  | <del>-</del>  |  |
| 393108-707   | San Francisco, CA 941(<br>(800) 874-8820  | U <b>J</b>  | <del></del>  |
|  | • :   | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |  |
| neck X if covered: Products of Collateral are also cov   | erea.   | JEFFERSON FEDERAL SAVINGS &   | LOAN ASSOC.  |
| <i>j</i>   |   | Homas Arx   |  |
| Signature(s) of Debtor(s)  |   | Signature(s) of Secured Party(les) THOMAS H. ADAMS, DOCUMENT R                                    | EVIEW  |
| Type Name of Individual or Business  |   | Type Name of Individual or Business  STANDARD FORM UNIFORM CO Approved by The Secretary of        | MMERCIAL CODE FORM UCC-3 A   |
|  |   | Approved by The Secretary of  | State of Alabama   |