

<div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).</div> <div>1. Return copy or recorded original to CITICORP NATIONAL SERVICES, INC. FKA: CITICORP ACCEPTANCE COMPANY, INC. P. O. BOX 790142 ST. LOUIS, MO 63179 Pre-paid Acct. # _____</div>		<div style="border: 1px solid black; padding: 2px;">No. of Additional Sheets Presented: _____</div> <div style="border: 1px solid black; padding: 2px;">This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to The Uniform Commercial Code.</div> <div style="border: 1px solid black; padding: 2px;">THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & filing Office <div style="text-align: center; font-weight: bold; font-size: 1.2em;">Inst # 1998-43319</div><div style="text-align: center; font-weight: bold; font-size: 1.2em;">11/03/1998-43319</div><div style="text-align: center; font-weight: bold; font-size: 1.2em;">11:49 AM CERTIFIED</div><div style="text-align: center; font-weight: bold; font-size: 1.2em;">SHELBY COUNTY JUDGE OF PROBATE</div><div style="text-align: center; font-weight: bold; font-size: 1.2em;">001 CM .00</div></div> <div style="border: 1px solid black; padding: 2px;">FILED WITH: _____</div>																									
<div style="border: 1px solid black; padding: 2px;">2. Name and Address of Debtor (Last Name First if a Person) EDWARDS, STAEPHEN D. RT B1 BOX 86 VANDIVER, AL 35176 Social Security/Tax ID # _____</div> <div style="border: 1px solid black; padding: 2px;">2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) EDWARDS, DONALD C. EDWARDS, BETTY J. SAME Social Security/Tax ID # _____</div>		<div style="border: 1px solid black; padding: 2px;">4. NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)</div>																									
<div style="border: 1px solid black; padding: 2px;">3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) CITICORP NATIONAL SERVICES, INC. FKA: CITICORP ACCEPTANCE COMPANY, INC. P. O. BOX 790142 ST. LOUIS, MO 63179 Social Security/Tax ID # _____</div>																											
<div style="border: 1px solid black; padding: 2px;">5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. <u>020497</u> Filed with <u>SHELBY COUNTY</u></div>																											
<div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Additional debtors on attached UCC-E</div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Additional secured parties on attached UCC-E</div>		<div style="border: 1px solid black; padding: 2px;">11A. 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 style="text-align: center;">6</td><td style="text-align: center;">0</td><td style="text-align: center;">0</td><td style="text-align: center;">6</td><td style="text-align: center;">0</td><td style="text-align: center;">2</td></tr><tr><td style="text-align: center;">____</td><td style="text-align: center;">____</td><td style="text-align: center;">____</td><td style="text-align: center;">____</td><td style="text-align: center;">____</td><td style="text-align: center;">____</td></tr><tr><td style="text-align: center;">____</td><td style="text-align: center;">____</td><td style="text-align: center;">____</td><td style="text-align: center;">____</td><td style="text-align: center;">____</td><td style="text-align: center;">____</td></tr><tr><td style="text-align: center;">____</td><td style="text-align: center;">____</td><td style="text-align: center;">____</td><td style="text-align: center;">____</td><td style="text-align: center;">____</td><td style="text-align: center;">____</td></tr></table></div>		6	0	0	6	0	2	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____	____
6	0			0	6	0	2																				
____	____	____	____	____	____																						
____	____	____	____	____	____																						
____	____	____	____	____	____																						
<div style="border: 1px solid black; padding: 2px;">6. <input type="checkbox"/> Continuation</div> <div style="border: 1px solid black; padding: 2px;">7. <input checked="" type="checkbox"/> Termination</div> <div style="border: 1px solid black; padding: 2px;">8. <input type="checkbox"/> Partial or Full Assignment</div> <div style="border: 1px solid black; padding: 2px;">9. <input type="checkbox"/> Amendment</div> <div style="border: 1px solid black; padding: 2px;">10. <input type="checkbox"/> Partial Release</div>		<div style="border: 1px solid black; padding: 2px;">The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.</div> <div style="border: 1px solid black; padding: 2px;">Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.</div> <div style="border: 1px solid black; padding: 2px;">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.</div> <div style="border: 1px solid black; padding: 2px;">Financing statement bearing file number shown above is amended as set forth in item 11.</div> <div style="border: 1px solid black; padding: 2px;">Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.</div>																									
<div style="border: 1px solid black; padding: 2px;">11. 008-592295</div> <div style="border: 1px solid black; padding: 2px;">Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.</div>		<div style="border: 1px solid black; padding: 2px;">Signature(s) of Secured Party(ies) <div style="text-align: center; font-family: cursive; font-size: 1.2em;">Shelia Croom</div></div> <div style="border: 1px solid black; padding: 2px;">Signature(s) of Debtor(s) (necessary only if item 9 is applicable)</div> <div style="border: 1px solid black; padding: 2px;">CITICORP NATIONAL SERVICES, INC.</div> <div style="border: 1px solid black; padding: 2px;">Type Name of Individual or Business</div>																									
<div style="border: 1px solid black; padding: 2px;">Signature(s) of Debtor(s)</div>																											
<div style="border: 1px solid black; padding: 2px;">Type Name of Individual or Business</div>		<div style="border: 1px solid black; padding: 2px;">STANDARD FORM - UNIFORM COMMERCIAL CODE - FORM UC Approved by The Secretary of State of Alabama</div>																									