

**STATE OF ALABAMA — UNIFORM COMMERCIAL CODE  
STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3**

|                                                                                                                                                                                                                                                                                                           |  |                                                                                                                  |  |                                                                                                               |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).                                                                                                                                                                                                          |  | No. of Additional Sheets Presented: 0                                                                            |  | This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code. |  |
| 1. Return copy or recorded original to:<br><div>PLEASE RETURN TO:<br/>CT Corporation System<br/>Attn: Lola Odunlami<br/>49 Stevenson St. Ste. 300<br/>San Francisco, CA 94105<br/>(800) 874-8820</div>                                                                                                    |  |                                                                                                                  |  | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office                                    |  |
| Pre-paid Acct. #                                                                                                                                                                                                                                                                                          |  | (Last Name First if a Person)                                                                                    |  |                                                                                                               |  |
| 2. Name and Address of Debtor<br>Collett, Jamie L.<br>5565 Roy Drive<br>Helena, AL 35080                                                                                                                                                                                                                  |  | (Last Name First if a Person)                                                                                    |  |                                                                                                               |  |
| Social Security / Tax ID                                                                                                                                                                                                                                                                                  |  | (Last Name First if a Person)                                                                                    |  |                                                                                                               |  |
| 2A. Name and Address of Debtor (IF ANY)<br>Collett, Celena L.<br>5565 Roy Drive<br>Helena, AL 35080                                                                                                                                                                                                       |  | (Last Name First if a Person)                                                                                    |  |                                                                                                               |  |
| Social Security / Tax ID                                                                                                                                                                                                                                                                                  |  | (Last Name First if a Person)                                                                                    |  |                                                                                                               |  |
| <input type="checkbox"/> Additional debtors on attached UCC-3                                                                                                                                                                                                                                             |  | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)                                              |  |                                                                                                               |  |
| 3. NAME AND ADDRESS OF SECURED PARTY<br>SPHS BANK OF AMERICA FSB<br>P.O. BOX 385000<br>BIRMINGHAM, AL 35238                                                                                                                                                                                               |  | FILED WITH:<br>Shelby                                                                                            |  |                                                                                                               |  |
| Social Security / Tax ID                                                                                                                                                                                                                                                                                  |  |                                                                                                                  |  |                                                                                                               |  |
| <input type="checkbox"/> Additional secured parties on attached UCC-3                                                                                                                                                                                                                                     |  |                                                                                                                  |  |                                                                                                               |  |
| 5. <input checked="" type="checkbox"/> This statement refers to original Financing Statement bearing File No. 1995-11378                                                                                                                                                                                  |  | Date Filed 5/2/95                                                                                                |  |                                                                                                               |  |
| Filed with Shelby                                                                                                                                                                                                                                                                                         |  |                                                                                                                  |  |                                                                                                               |  |
| 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. Termination: The secured party no longer claims a security interest under the financing statement bearing the file number shown above.                                                                                                                                                                |  | 11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br>1 0 3 6 0 2   |  |                                                                                                               |  |
| Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.                                                                                                                                                                                                                     |  | SPHS BANK OF AMERICA FSB<br>Robert Lepin<br>Signature(s) of Secured Party(ies)<br>Robert Lepin, Authorized Agent |  |                                                                                                               |  |
| Signature(s) of Debtor(s)                                                                                                                                                                                                                                                                                 |  | Type Name of Individual or Business                                                                              |  |                                                                                                               |  |
| Type Name of Individual or Business                                                                                                                                                                                                                                                                       |  | STANDARD FORM - UNIFORM COMMERCIAL CODE - FORM UCC-3<br>Approved by The Secretary of State of Alabama            |  |                                                                                                               |  |

Inst # 1998-45519  
11/16/1998-45519  
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SHELBY COUNTY JUDGE OF PROBATE  
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SPHS BANK OF AMERICA FSB  
Robert Lepin  
Signature(s) of Secured Party(ies)  
Robert Lepin, Authorized Agent

Type Name of Individual or Business