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).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is presented to filling pursuant to the Uniform Commercial Comm	o a Filing Officer for ode.
1. Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
11/22			• • • • • • • • • • • • • • • • • • •
Magasco	5		.
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Pre-peld Acct. #	·	1	
2. Name and Address of Debtor	(Last Name First if a Person)		
Tim Inu	n Reg Vk Avenue 1/a. 35080		
Man Da	I Avenue		* 2 5
42/1 /ur	11. 35180		
Bham,	1a.	· · · · · · · · · · · · · · · · · · ·	
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Social Security/Tax ID #	(Last Name First if a Person)	-	
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Social Security/Tax ID #			
☐ Additional debtors on attached UCC-E		7	
3. SECURED PARTY (Lest Name First if a Person)		4. ASSIGNEE OF SECURED PARTY (IF AI	(Last Name First if a Person)
12 1	م سا		
STEEL (1)	79	Magasco	
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Social Security/Tex ID #		_	
☐ Additional secured parties on attached UCC-E			
5. This statement refers to original Financing S	Statement bearing File No.	# 07644	7 72/
Filed with JEFF 0	unty	Date Filed March	19
8. Continuation. The original financing statem	ent between the foregoing Debtor and Secured	Party, bearing file number shown above, is still effective.	
	ider the financing statement bearing file number	shown above to the	
Full property described in item 11 Assignment, whose name and address ap	t or to all of the property listed on this file, is assi spears in item 4.	igned to the assignee	
9. Amendment Financing statement bearing	file number shown above is amended as set for collateral described in Item 11 from the financing	th in Item 11.	
Release number shown above.	Ondreign described in item 11 in our are interioring	State() To the state of the sta	_ ,
11.			
•			11A. Enter Code(s) From Back of Form That
			Best Describes The Collateral Covered Sv. This Fillows
			By This Filling:
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Check X if covered: Products of Colleteral s	are also covered.		
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Signature(s) of Debtor(s)		Signature(s) of Secured Party(les)	
		C. HOUSE	
Signature(s) of Debtor(s) (necessary only if it	em 9 is applicable)	Signature(s) of Secured Party(les)	
Type Name of Individual or Business		Type Name of Individual or Business	
		STANDARD FORM — Approved	UNIFORM COMMERCIAL CODE — FORM UCC-3 by The Secretary of State of Alabama