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 7-9-10560 T# 826569 No. of Additional Sheets Presented:	This FINANCING STATEMENT is presented to a F filing pursuant to the Uniform Commercial Code.	ting Officer for
Return copy or recorded original to	THIS SPACE FOR USE OF FILING OFFICER	
Roberts, Shirly M.	Date, Time, Number & Filing Office	
PO Box 806		
	-	<u>_</u>
Pelham, AL. 35124		្តា សម្រើក
		입 20 대분
Pre-paid Acct. #		
2 Name and Address of Debtor (Last Name First if a Person)	1	in les
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Social Security / Tax ID #	<u>1</u>	No. 10 Line of the Control of the Co
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)		<u>. </u>
Same as Above		
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Social Security/Tax ID #		
☐ Additional debtors on attached UCC-E		
3. SECURED PARTY (Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
SouthTrust Bank, N.A.		
PO Box 2465		
Birmingham, AL. 35201		
Social Security/Tax ID #		
Additional secured parties on attached UCC-E		
5. This statement refers to original Financing Statement bearing File No. 12652		
Filed with Judge of Probate of Shelby County	Date Filed 09-01-85	. 19
6. Continuation. The original financing statement between the foregoing Debtor and Secured Pa	arty, bearing file number shown above, is still effective	
7. XXX ermination. Secured Party no longer claims a security interest under the financing statement. 8. Partial or The Secured Party's right under the financing statement bearing file number sh		
Full property described in item 11 or to all of the property listed on this file, is assign		
Assignment. whose name and address appears in item 4. 9. Amendment. Financing statement bearing file number shown above is amended as set forth.	in item 11	
10. Partial Secured Party releases the collateral described in item 11 from the financing st		
Release number shown above.	····-	
11.		
		11A. Enter Code(s) From Back of Form That
		Best Describes The Collateral Covered
		By This Filling:
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Check X if covered: Products of Collateral are also covered.		
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Signature(s) of Debtor(s)	Signature(s) of Secured Party(ies)	
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Signature(s) of Debtor(s) (necessary only if item 9 is applicable)	Signature(s) of Secured Party(ies)	
Type Name of Individual or Business	Type Name of Individual or Business	