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 FtNANCING STATEMENT is presented to a filing pursuant to the Uniform Commercial Code	Filing Office	er for
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER	_	
CARDEN, SIMON M		Date, Time, Number & Filing Office		
2576 MINET RD.				
COLUMBIANA, AL 35051				
	- · · · · · · · · · · · · · · · · · · ·		9	
			7	о Ш ш
Pre-paid Acct #	· · · · · · · · · · · · · · · · · · ·	_	8	2740 IF IE 8884 8.8
2. Name and Address of Debtor	(Last Name First if a Person)		7	U II & S
CARDEN, SIMON M.			Ġ	
2576 MOONEY RD.			9	1 622 -
COLUMBIANA, AL 35051			 1	999 E E E
			#	≥5 حبر سب
			طـ	
Capiel Capurity/Tev ID #	•		Á	
Social Security/Tax ID #(IF ANY) 2A. Name and Address of Debto: (IF ANY)	(Last Name First if a Person)	-	î	31/0 2:19 SELW SELW
AMANDA CARDEN			7-7	2 5 5 3 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5
2576 MOCKEY RD.				Ö
COLUMBIANA, AL 35051				
· · ·				
•				
Social Security/Tax ID.#				
Additional debtors on attached UCC-E				
3. SECURED PARTY (Last Name First if a Person)	<u></u> .	4. ASSIGNEE OF SECURED PARTY (IF ANY)		Last Name First if a Person)
Social Security/Tax ID #				
Additional secured parties on attached UCC-E	19	9 5-16970		
5. This statement shering incountry States		06-28-95		
Filed with		Date Filed Date Filed _	19	
7. Termination. Secured Party no longer claims a s 8. Partial or The Secured Party's right under the property described in item 11 or to whose name and address appears 9. Amendment Financing statement bearing file no	security interest under the financing statem se financing statement bearing file number all of the property listed on this file, is assi-	shown above to the gned to the assignee thin item 11.		
11.		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
			11 A .	Enter Code(s) From
				Back of Form That Best Describes The
				Collateral Covered By This Filling:
				
	•			
	1			
Check X if covered: Products of Collateral are als	o covered.			
	•	Himman & Sans	0.	
Signature(s) of Debtor(s)		Signature(s) of Secured Party(les)	—	
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		<u> </u>
Signature(s) of Debtor(s) (necessary only if item 9	is applicable)	Signature(s) of Secured Party(ies)	CHUT P	TO CATINIFE
Type Name of Individual or Business		Type Name of Individual or Business	2HE11	
Type Name of Individual or Business (1) FILING OFFICER COPY — ALPHABETICAL (3) FILING	OFFICER COPY — ACKNOWLEDGEMENT OPY — SECOND PARTY(S)	Type Name of Individual or Business STANDARD FORM — UNI	FORM COM	MERCIAL CODE — FORM UCC y of State of Alabama