UCC-3 A92 (AL)

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.

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☐ The Debtor is a transmitting utility	No. of Additional Sheets Presented		This FINANCING S	TATEMENT is presented to a ne Uniform Commercial Code	a Filing Offici e	er for
as defined in ALA CODE: 7-9-105(n). Return copy or recorded original to	Sheets Fresented		S SPACE FOR USE OF	FILING OFFICER		<u> </u>
NORWEST FINANCIAL 1841 MONTGOMERY H		2	te, Time, Number & Filing	Office		
HOOVER AL 35244	•				_	
Pre-paid Acct.#					100	100 1EI
2. Name and Address of Debtor	(Last Name Fir	st if a Person)			2.7	U H & 8
LEROY COAST 273 GREEN PARK SO	UTH				 66	6 H 유 프
PELAHM AL 35124					Q,	989 교육
					#	A FEE SE
Social Security/Tax ID #					44 181	33/25 1254 SHELBY 0
Name and Address of Debtor (IF AN KAREN COAST 273 GREEN PARK SCOELHAM AL 35124		st if a Person)			In	103 第04
Social Security/Tax 15 17	<u> </u>					
Additional debtors on attached UCC-E				D PARTY (IF ANY		Last Name First if a Person)
Social Security/Tax ID #						
Additional secured parties on attached UCC-E		1007	22702			
X☐ This statement refers to original Financing St			-33702	10/16/97		
Filed with SHELBY COUNT		PROBATE	<u> </u>		19	····
 6. Continuation. The original financing statement. 7. Termination. Secured Party no longer claims. 8 Partial or The Secured Party's right under property described in item 11 or property described in item	is a security interest under the er the financing statement bear or to all of the property listed or ears in item 4. le number shown above is amo	financing statement be ing file number shown this file, is assigned to ended as set forth in it	earing the file number sho above to the o the assignee em 11.	own above.		
					†1 A .	Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
Check X if covered: Products of Collateral are	e also covered.					
Signature(s) of Debtor(s)	<u> </u>		Signature(s) of Se	cured Partylies	700	
Signature(s) of Debtor(s) (necessary only if iter	m 9 is applicable)		Signature(s) of Se	cured Party(ies) T FINANCIA lividual or Business	LALA	BAMA INC
Type Name of Individual or Business		u specialit	Type Name of Ind			MERCIAL CODE — FORM UC