FIRST FAMILY FINANCIAL SERVICES, INC.	THIS SPACE FOR USE OF FILING OFFIGER Date, Time, Number & Filing/Office
PO BOX_1144 SYLACAUGA, AL 35150	1
SILMANOGA, AL SSISO	
Pre-paid Acct.#	
Name and Address of Debtor (Last Name First if a Person)	
FEREISON, ICY M	I TE
PO BOX 217	
Social Security/Tax 15 4	* 0 m 5 m
A. Name and Address of Deliver (IF ANY) (Lest Name First it a Person)	
	there are a second as a second
Social Security/Tax ID #	•
Additional debtors on attached UCC-E	
SECURED PARTY (Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
1209 N MAIN AVE SYLACAUGA, AL 35150 Social Security/Tax 10 #	
Additional secured perties on attached UCC-E	
5. 2 This statement refers to original Financing Statement bearing File No. 50770	Date Filed 12/21/98 19
Filed withSHELBY_COUNTY 6. D Continuation. The original financing statement between the foregoing Debtor and Secured	
7. Partial or The Secured Party no longer claims a security interest under the financing statem. 8. Partial or The Secured Party's right under the financing statement bearing file numbers. 9. Partial Partial Secured Party releases the collaboral described in item 11 from the financing number shown above.	shown above to the gned to the assignee th in item 11.
	11A. Enter Cada(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
· ·	
Check X if covered: Products of Collateral are also covered.	
Signature(s) of Debtor(s)	Signature(s) of Secured-Party(ies)
	Signature(s) of Secured Partyless FIRST FAMILY FINANCIAL SERVICES, INC.

hing pursuant to the Uniform Commercial Code

as defined in ALA CODE 7-9-105(n)

Sheets Presented