

**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 a Filing Officer for filing pursuant to the Uniform Commercial Code.
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1. Return copy or recorded original to _____

THIS SPACE FOR USE OF FILING OFFICER
Date, Time, Number & Filing Office

Inst # 1999-17776
04/28/1999-17776
12:59 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 MMS .00

Alagasco

Pre-paid Acct. # _____

2. Name and Address of Debtor (Last Name First if a Person)
*William Heard
5244 Willow Way
Bham, Ala. 35242*

Social Security/Tax ID # _____

2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)

Social Security/Tax ID # _____

☐ Additional debtors on attached UCC-E

3. SECURED PARTY (Last Name First if a Person)
Steel City

Social Security/Tax ID # _____

☐ Additional secured parties on attached UCC-E

1. ☒ This statement refers to original Financing Statement bearing File No. _____
Filed with *Shelby*

2. ☐ Continuation: The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.

3. ☒ Termination: Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.

4. ☐ Partial: The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file is assigned to the assignee whose name and address appears in item 4.

5. ☐ Assignment: Financing statement bearing file number shown above is amended as set forth in item 11.

6. ☐ Partial Release: Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.

4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
Alagasco

Social Security/Tax ID # _____

16254
Date Filed *May* 19 *96*

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
500

Check X if covered: ☐ Products of Collateral are also covered.

Signature(s) of Debtor(s) _____

Signature(s) of Debtor(s) (necessary only if item 9 is applicable) _____

Type Name of Individual or Business _____

Signature(s) of Secured Party(ies) *Alagasco*

Signature(s) of Secured Party(ies) _____

Type Name of Individual or Business _____