

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.

REORDER FROM
Registre, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MINN 55303
(612) 421-1713

| | | | | |
|--|--|-------------------------------------|---|--|
| <input type="checkbox"/> 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. | |
| 1. Return copy or recorded original to NationsBank, N.A. P.O. BOX 31711 Cahrlotte, NC 28231-1711 Pre-paid Acct # _____ | | | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office | |
| 2. Name and Address of Debtor (Last Name First if a Person) Carr, John E. Carr, Susan E. 155 Westehly Way Pelham, Alabama 35124 Social Security/Tax ID # _____ | | | <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Inst # 1999-21767</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">05/25/1999-21767</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">08:46 AM CERTIFIED</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">SHELBY COUNTY JUDGE OF PROBATE</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">001 HNS</div> | |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) Social Security/Tax ID # _____ | | | | |
| <input type="checkbox"/> Additional debtors on attached UCC-E | | | | |
| 3. SECURED PARTY (Last Name First if a Person) NationsBank, N.A. 6610 Rockledge Drive Bethesda, MD 20817 Social Security/Tax ID # _____ | | | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person) | |
| <input type="checkbox"/> Additional secured parties on attached UCC-E | | | | |
| X X X This statement refers to original Financing Statement bearing File No. #1995-11808 Filed with Shelby Cty | | | Date Filed 5-5-95 19__ | |
| 6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. | | | | |
| X X X Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. | | | | |
| 8. <input type="checkbox"/> Partial or <input type="checkbox"/> Full Assignment. 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. | | | | |
| 9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11. | | | | |
| 10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above. | | | | |
| 11. | | | | |
| 11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ | | | | |
| Check X if covered: <input type="checkbox"/> Products of Collateral are also covered. | | | | |

NationsBank, N.A.

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)

Signature(s) of Secured Party(ies)

Delores Wells, A.V.P.

Type Name of Individual or Business