STATE OF ALABAMA UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

33974419

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 pres- filing pursuant to the Uniform Comme	- ented to a Filing Offic roial Code.	er tor
Return copy or recorded onginal to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		
FIRST FAMILY FINANCIAL SERVI	CEC INC	Bate, Time, Number & Time		
PO BOX 1144	CEO, 114C.		'	
SYLACAUGA, AL 35150				
STLACACOM, AL SOLOC				a
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Name and Address of Debtor	(Last Name First if a Person)	} 	4	0 11 % 8
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STEPHENS, PAMELA			g,	6日3
74 OVERHILL DR		-	<u>o</u>	00 0 3 =
VINCENT, AL 35178			- 	7 7 68
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Social Security/Tax ID #			خبد نان	3 3 3
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Till Andrews Till Andrews				
Operiot Operioth, (Tayl) O. H.				,
Social Security/Tax ID #				
Additional debtors on attached UCC-E				
SECURED PARTY (Last Name First if a Person)	NEC THO	4. ASSIGNEE OF SECURED PARTY	(IF ANY)	(Last Name First if a Person)
FIRST FAMILY FINANCIAL SERVI	ES, INC.			
1209 N MAIN AVE				
SYLACAUGA, AL 35150				
Social Security/Tax ID #				
Additional secured parties on attached UCC-E				
E 10 This statement setting to existing Eigeneign Statement housing Eile No.				
5. 10 This statement refers to original Financing Star SHELBY COUNTY	tement bearing File No.	Date Filed 12/21/98	10	
Pried with			ctive	
 Continuation. The original financing statement XII Termination. Secured Party no longer claims 	a security interest under the financing stateme		-cuve	
	r the financing statement bearing file number of			
Assignment, whose name and address appe	r to all of the property listed on this file, is assignant in item 4.	ned to the assigned		
<u> </u>	e number shown above is amended as set forth ateral described in item 11 from the financing s			
Release number shown above.				
1.				
			11A	Enter Code(s) From
	•			Back of Form That Best Describes The
•				Collateral Covered By This Filling:
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Check X if covered: Products of Collateral are	also covered.			
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Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)	AA: 4-	
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Signature(s) of Debtor(s) (necessary only if item	9 is applicable)	Signature(s) of Secured Party(ies)	· · · · · · · · · · · · · · · · · · ·	