

1. Return copy or recorded original to

ALAGASCO

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

Inst # 1999-31305

07/27/1999-31305
09:49 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 CNA

Pre-paid Acct. # _____

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

RICHARD MIXELL
4210 PLANTATION CIRCLE
HELENA, ALABAMA 35080

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)

DOUGLAS AIR

Social Security/Tax ID # _____

☐ Additional secured parties on attached UCC-E

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

ALAGASCO

5. ☒ This statement refers to original Financing Statement bearing File No. _____

Filed with SHELBY

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

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

8. ☐ Partial or 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. ☐ Amendment. Financing statement bearing file number shown above is amended as set forth in Item 11.

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

#04721

Date Filed FEB. 19 96

11. 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)

Signature(s) of Secured Party(ies)

ALAGASCO

Type Name of Individual or Business