## 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 pr filing pursuant to the Uniform Comm	resented to a Filing ( mercial Code.	Officer for
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		
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ALAGASCO				
				, <del>c</del>
Pre-paid Acct. #	(Last Name First if a Person)	_	<b>Ž</b>	29 H H
2. Name and Address of Deblor	(resiliano cusili e reison)		رتا	
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CHARLOTTE W			φ	66 出
610 KING VALLEY CIRCLE ALABASTER, ALABAMA 35007			φ)	rtt
ALADASIEK,	CATAINET TOOU	_		五年
Social Security/Tax ID #	<u> </u>		*	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2
2A. Name and Address of Debtor (IF ANY)	(Last Name First If a Person)	1	جه. ۱۳۱	8 70 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
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Social Security/Tex ID #	<u> </u>	_		
Additional debtors on attached UCC-E		<u></u>		
3. SECURED PARTY (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY	(IF ANY)	(Last Name First if a Person)
				-
A & C HT.		ALAGASCO		
Social Security/Tex ID #				
Additional secured parties on attached UCC-E	· · · · · · · · · · · · · · · · · · ·			
		#21826		
5. This statement refers to original Financing Stateme SHELBY	int bearing File No	Date FiledJULY	10	94
6. Continuation. The original financing statement beh	ween the foregoing Debtor and Secured F		effective.	,
7. 🖸 Termination. Secured Party no longer claims a se		ent bearing the file number shown above.		
☐ Full property described in item 11 or to a	If of the property listed on this file, is assig			
	nber shown above is amended as set forti			
10. Partial Secured Party releases the collaters  Release number shown above.	described in item 11 from the financing :	statement bearing file		
11.				
			•	11A. Enter Code(s) From Back of Form That
				Best Describes The Collateral Covered
				By This Filing: 500
	•			
	:			<u> </u>
Check X if covered: Products of Colleteral are also	covered.			<del></del>
	<del></del>	·	· · · · · · · · · · · · · · · · · · ·	
Signature(s) of Debtor(s)	· • · · · · · · · · · · · · · · · · · ·	Signature(s) of Secured Party(les)	/	<u> </u>
		Signature(s) of Secured Party(les)		
Signature(s) of Debtor(s) (necessary only if item 9 is	applicab <del>le)</del>	Signature(s) of Secured (tertification)	ASCO	
Type Name of Individual or Business	· · · · · · · · · · · · · · · · · · ·	Type Name of Individual or Busine		ALIERALL BARR FARLES
•		STANDARD	FORM — UNIFORM.O Approved by The Sec	COMMERCIAL CODE FORM UCC-3 cretary of State of Alabama