## 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.

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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.	* A
Return copy or recorded original to	· · · · · · · · · · · · · · · · · · ·	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
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Alagasco			
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Pre-paid Acct. #  Name and Address of Debtor	(Last Name First if a Pe	mson) m H H	
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Social Security/Tax ID #	(IF ANY) (Last Name First If a Pe		
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Social Security/Tex ID #			
Additional debtors on attached UCC-		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First If	a Personi
3. SECURED PARTY (Last Name First )	n ≝ rena∪iii		
Stor City		Alagasco	
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Social Security/Tex ID #	· · · · · · · · · · · · · · · · · · ·		
Additional secured parties on attache	ed UCC-E		······
5. This statement refers to original (	Financing Statement bearing File No.	TT / / / April aa	
Filed with	<u>07</u>	Date Filed19	
7. 🗱 Termination. Secured Party no	longer claims a security interest under the financing		
☐ Full property described	y's right under the financing statement bearing file of d in item 11 or to all of the property listed on this file		
	address appears in item 4. ent bearing file number shown above is amended as	s set forth in Item 11.	
	eases the collateral described in item 11 from the fin		
11.		- · · · · · · · · · · · · · · · · · · ·	
		11A. Enter Code(s) From Th	<b>us</b> t
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Check X If covered: Products of	Colleteral are also covered.		
		Cianaticals of Canada Dartefles	
Signature(s) of Debtor(s)	•	Signature(s) of Secured Party(jes)	·
Signature(s) of Debtor(s) (necess)	ary only if Item 9 is applicable)	Signature(s) of Seured/Party(les)	•
Type Name of Individual or Busin	1088	type reame of individual or business	
		STANDARD FORM — UNIFORM COMMERCIAL CODE — Approved by The Secretary of State of Alaban	- FORM UCC-3 Min