

STATE OF ALABAMA — UNIFORM COMMERCIAL CODE  
STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. FORM UCC-3  
Important: Read Instructions on Back Before Filing out Form.

|                                                                                                                                                                                                                                                                                                           |  |                                    |                                                                                                              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|--------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> The Debtor is a transmitting utility as defined in ALA CODE 7-8-105(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:<br><br>KeyBank USA N.A.<br>1910 Tiedeman Road<br>Brooklyn, Ohio 44144                                                                                                                                                                                             |  |                                    | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office                                   |  |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br>LAWYER, RYAN N.<br>229 PRIMROSE DR.<br>ALABASTER, AL 35007                                                                                                                                                                             |  |                                    | Inst # 1999-42184<br>10/12/1999-42184<br>08:56 AM CERTIFIED<br>SHELBY COUNTY JUDGE OF PROBATE<br>001 CJS     |  |
| 3. Social Security/Tax ID #                                                                                                                                                                                                                                                                               |  |                                    |                                                                                                              |  |
| 2A. Name and Address of Debtor (if ANY) (Last Name First if a Person)                                                                                                                                                                                                                                     |  |                                    |                                                                                                              |  |
| 3. Social Security/Tax ID #                                                                                                                                                                                                                                                                               |  |                                    | FILED WITH:<br><br>SHELBY COUNTY JUDGE OF PROBATE                                                            |  |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                             |  |                                    | 4. ASSIGNEE OF SECURED PARTY (if ANY) (Last Name First if a Person)                                          |  |
| 5. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)<br><br>KEY BANK USA, NATIONAL ASSOCIATION<br>5000 TIEDEMAN ROAD<br>BROOKLYN, OH 44144                                                                                                                                                  |  |                                    |                                                                                                              |  |
| 6. Social Security/Tax ID #                                                                                                                                                                                                                                                                               |  |                                    |                                                                                                              |  |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                                                                                                     |  |                                    |                                                                                                              |  |
| 7. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. 1997-23211<br>Filed with SHELBY COUNTY                                                                                                                                                                 |  |                                    | Date Filed 07/24/ 97                                                                                         |  |
| 8. <input type="checkbox"/> Continuation: The original financing statement between the foregoing Debtor and Secured Party bearing file number shown above is still effective                                                                                                                              |  |                                    |                                                                                                              |  |
| 9. <input checked="" type="checkbox"/> Termination: Secured Party no longer claims a security interest under the financing statement bearing the file number shown above                                                                                                                                  |  |                                    |                                                                                                              |  |
| 10. <input type="checkbox"/> 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 |  |                                    |                                                                                                              |  |
| 11. <input type="checkbox"/> Amendment: Financing statement bearing file number shown above is amended as set forth in item 11                                                                                                                                                                            |  |                                    |                                                                                                              |  |
| 12. <input type="checkbox"/> Partial Release: Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above                                                                                                                                     |  |                                    |                                                                                                              |  |
| 13. (BOAT) USED 1991 ROBALO 20CC CROGB120C991                                                                                                                                                                                                                                                             |  |                                    |                                                                                                              |  |
| 14. (ENGINE 1) USED 1991 MERCURY 175 OD115112                                                                                                                                                                                                                                                             |  |                                    |                                                                                                              |  |
| 15. (ENGINE 2)                                                                                                                                                                                                                                                                                            |  |                                    |                                                                                                              |  |
| 16. (TRAILER) USED 1991 MAGIC TILT MCV1719 1M503WR11N1043284                                                                                                                                                                                                                                              |  |                                    |                                                                                                              |  |
| 17. 11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing<br>600                                                                                                                                                                                                 |  |                                    |                                                                                                              |  |
| Check X if covered: <input type="checkbox"/> Products of Collateral are also covered                                                                                                                                                                                                                      |  |                                    |                                                                                                              |  |
| Signature(s) of Debtor(s)                                                                                                                                                                                                                                                                                 |  |                                    | 05/26/99<br>Signature(s) of Secured Party(ies)<br>PAID LOAN CLERK                                            |  |
| Signature(s) of Debtor(s) (necessary only if item 9 is applicable)                                                                                                                                                                                                                                        |  |                                    | KeyBank USA N.A.                                                                                             |  |
| Type Name of Individual or Business                                                                                                                                                                                                                                                                       |  |                                    | Type Name of Individual or Business                                                                          |  |
| STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3<br>Approved by The Secretary of State of Alabama                                                                                                                                                                                                     |  |                                    |                                                                                                              |  |

(1) FILING OFFICER COPY — ALPHABETICAL  
(2) FILING OFFICER COPY — NUMERICAL

(3) FILING OFFICER COPY — ACKNOWLEDGEMENT  
(4) FILE COPY — SECURED

(5) FILE COPY DESTROYED