

1. Return copy or recorded original to

MASTERGUARD REGIONAL OFFICE
POB 885
COLS GA 31902-0885

Pre-paid Acct. #

2. Name and Address of Debtor

(Last Name First if a Person)

POWELL, CHARLES W
402 MILDRED ST
COLUMBIANA AL 35051

Social Security/Tax ID #

2A. Name and Address of Debtor

(IF ANY)

(Last Name First if a Person)

POWELL, KATHERINE V
402 MILDRED ST
COLUMBIANA AL 35051

Social Security/Tax ID #

☐ Additional debtors on attached UCC-E

3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)

MASTERGUARD REGIONAL OFFICE
POB 885
COLS GA 31902-0885

Social Security/Tax ID #

☐ Additional secured parties on attached UCC-E

FILED WITH:

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

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

Inst. # 1996-25080

Filed with **Shelby Co. Judge of Probate**Date Filed **8-2** 19**96**6. ☐ Continuation The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective☒ Termination Secured Party no longer claims a security interest under the financing statement bearing the file number shown above8. ☐ 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 1110. ☐ Partial Release Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.

11

4 MG-50 HEAT DETECTORS
 3 MGB-380T SMOKE DETECTORS
 1 MGB-380 SMOKE DETECTOR
 3 2½ LB ABC FIRE EXTINGUISHERS

11A. Enter Code(s) From
Back of Form That
Best Describes The
Collateral Covered
By This Filing:

300

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)

DANIEL L. CASON-OFFICE MANAGER
 Signature(s) of Secured Party(ies)

Type Name of Individual or Business

(1) FILING OFFICER COPY - ALPHABETICAL
(2) FILING OFFICER COPY - NUMERICAL(3) FILING OFFICER COPY - ACKNOWLEDGEMENT
(4) FILE COPY - SECURED PARTY

(5) FILE COPY DEBTOR(S)

STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3
Approved by The Secretary of State of Alabama

Inst # 1999-48755

12/02/1999-48755
 10:26 AM CERTIFIED
 SHELBY COUNTY JUDGE OF PROBATE

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001 HNS