

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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 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.                                                                                                                                                    |
| 1. Return copy or recorded original to:<br><br><b>REGIONS BANK<br/>PO BOX 511<br/>MONTGOMERY, AL 36101-0511</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office                                                                                                                                                                                       |
| Pre-paid Acct. # _____<br>2. Name and Address of Debtor (Last Name First if a Person):<br><b>WAMBLE, BRUCE H.<br/>DBA M &amp; W INDUSTRIAL SALES &amp; SERVICE<br/>13074 HWY 25<br/>CALERA, AL 35040</b><br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Inst # 2000-02167</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">01/20/2000-02167<br/>10:26 AM CERTIFIED<br/>SHELBY COUNTY JUDGE OF PROBATE<br/>001 CJI 26.00</div> |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person):<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                                                                                                                                                                                                                                                  |
| 3. SECURED PARTY (Last Name First if a Person):<br><br><b>FIRST ALABAMA BANK<br/>101 7TH ST SO<br/>PO BOX 1378<br/>CLANTON, AL 35045</b><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                                                                                                                                                                                                  |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person):                                                                                                                                                                                             |
| 5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. <b>INST # 1995-03409</b><br>Filed with <b>JOP SHELBY CO.</b> Date Filed <b>02/07</b> 19 <b>95</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                                                                                                                                                                                                                                                  |
| 6. <input checked="" type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.<br>7. <input type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.<br>8. <input type="checkbox"/> Partial or <input type="checkbox"/> Full. 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.<br>9. <input checked="" type="checkbox"/> Assignment. Financing statement bearing file number shown above is amended as set forth in item 11.<br>10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above. |                                     |                                                                                                                                                                                                                                                                  |
| 11. PLEASE AMEND SECURED PARTY TO READ:<br><br><b>REGIONS BANK F/K/A FIRST ALABAMA BANK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                                  |
| 11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing.<br><br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                                                                                                                                                                                                  |
| Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                                                                                                                                                                                                  |

FILED WITHOUT DEBTOR SIGNATURE:

|                                                                                                                                                  |                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Signature(s) of Debtor(s):<br><br>Signature(s) of Debtor(s) (necessary only if item 9 is applicable):<br><br>Type Name of Individual or Business | Signature(s) of Secured Party(ies):<br><br>Signature(s) of Secured Party(ies):<br><b>REGIONS BANK F/K/A FIRST ALABAMA BANK</b><br>Type Name of Individual or Business |
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