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. 30017

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	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
JEFFERSON COUNTY EMPLOYEES CREDIT UN 716 Richard Arrington Blvd N Birmingham Al 35203	
Pre-paid Acct. # 2. Name and Address of Debtor (Last Name First if a Person)	-0244: -0244: -0244: -03
Creel, Allen B 160 Girl Scout Raoad Chelsea Al 35063	# # 200 11 AM CE 18 COUNTY NO
Social Security/Tax ID #	
160 Girl Scout Road Chelsea, Al 35043	
Social Security/Tax ID #	FILED WITH:
☐ Additional debtors on attached UCC-E	
NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
Social Security/Tax ID #	
Additional secured parties orgattached UCC-E	
This statement refers to original Financing Statement bearing File No. Shelby County Judge Of Probat Filed with	e
 6. Continuation. The original financing statement between the foregoing Debtor and Secured 7 Termination Secured Party no longer claims a security interest under the financing statement. The Secured Party's right under the financing statement bearing file number property described in item 11 or to all of the property listed on this file, is assument. 9. Amendment Financing statement bearing file number shown above is amended as set for Secured Party releases the collateral described in item 11 from the financing number shown above. 	ment bearing the file number shown above. I shown above to the Ingred to the assignee orth in item 11
(1) 1984 Brigadier Charger Mobile H '50x26' Mfg Serial No. GBICM16576	Ome 11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling: 500
Check X if covered: Products of Collateral are also covered.	Aucold Hours
Signature(s) of Debtor(s)	Signature(s) of Secured Party(ies)
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)	Jefferson Co Employees Credit Union
Type Name of Individual or Business	Type Name of Individual or Susiness