STATE OF ALABAMA __ UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. __ FORM UCC-3

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 Filling filling pursuant to the Uniform Commercial Code.	Officer for	
CT Corporation Attn: Patricia 49 Stevenson S San Francisco, (800) 874- Pre-paid Acct. # Name and Activess of Debior Smith, Donald Rt. 2 Box 19J Calera, AL 35040	n System <u>Marquez</u> t. Ste. 300 CA 94105	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	5	CERTIF SURE OF PROPERTY.
Social Security / Tax ID 2A. Name and Address of Debtor (IF ANY Smith, Jacqueline Rt. 2 Box 19J Calera, AL 35040	(Last Name First if a Person)		Inst .	OB/EB/EB/EB/EB/EB/EB/EB/EB/EB/EB/EB/EB/EB
Social Security / Tax 10		FILED WITH:		<u></u>
Additional debtors on attached USCACX		Shelby		
3. NAME AND ADDRESS OF SECURED PARTY		4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First	if a Person)
215 NORTH 21ST STREET BIRMINGHAM, AL 35203 Social Security / Tax ID # Additional secured parties on attached XXXE				
5. X This statement refers to original Financing S	tatement bearing File No. 021200			
Filed with Shelby		Date Filed 9/28/99	<u> </u>	
7. Termination. Secured Party no longer claim 8. Partial or The Secured Party's right un	ns a security interest under the financing statem ider the financing statement bearing file number. 11 or to all of the property listed on this file, is a ippears in item 4. file number shown above is amended as set for collateral described in item. 11 from the financing.	shown above to the assignee thin item 11	11A. Enter Code(s) From	
under the financing	statement bearing th	the file number shown above. 5320003872	Back of Form That Best Describes The Collecteral Covered By This Filling:	
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Check X if covered: X Products of Collateral are als	so covered.	JEFFERSON FEDERAL SAVINGS &	LOAN ASSN	
		Rest James Signature(s) of Secured Party(ies)	<u> </u>	
Signature(s) of Debtor(s)		Robert Lepin, Authorized Age	int	
Type Name of Individual or Business	· · · · · · · · · · · · · · · · · · ·	Type Name of Individual or Business STANDARD FORM - UNIFORM COM Approved by The Secretary of S	MERCIAL CODE FORM	W UCC-3 AL3-111297