## 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.

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The Debtor is a transmitting utility Is 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.
leturn copy or recorded original to	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
Quality Loan Company, I P.O. Box 688 Harpersville, Al. 35078	ERTIFIED SE OF ROMATE .00
	First if a Person)
Edwards, William Glenn	_
41290 Hwy 25 Wampent, Al. 35178	
ocial Security/Tax ID #	
ame and Address of Debtor (IF ANY) (Last Name i	First if a Person)
Social Security/Tex ID #	
dditional debiors on attached UCC-E	
SECURED PARTY (Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
Quality Loan Company, In PO. Box 688 Harpersville, Al. 35078	
Social Security/Tax ID #_	·
Additional secured parties on attached UCC-E	
This statement refers to original Financing Statement bearing File No Filed with _Shelby_CoJudge_of_Pro	1999-42708
Continuation. The original financing statement between the foregoing Del X Termination. Secured Party no longer claims a security interest under the Partial or The Secured Party's right under the financing statement be properly described in Item 11 or to all of the property listed whose name and address appears in item 4.  Amendment Financing statement bearing file number shown above is at Secured Party releases the collateral described in item 11 financing statement above.	btor and Secured Party, bearing file number shown above, is still effective e financing statement bearing the file number shown above.  ering file number shown above to the on this file, is assigned to the assignee  mended as set forth in item 11.
1978 Rogu Travel Traile ID #286115	11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
	<u>707</u>
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	<del></del>
Check X if covered: Products of Colleteral are also covered.	
1/11/19 501	<del></del>
Signature(s) of Debtor(s)	Signaturals of Second Partyles)
	Signature(s) of Secured Party(ies)
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)	Type Name of Individual or Business