## STATE OF ALABAMA .... UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. .... FORM USC-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 Filing Officer filing pursuant to the Uniform Commercial Code. | for S                                   |   |
|---|---|---|---|
| Return copy or recorded original to:  | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office                                   | = 5                                     |   |
| Please return to:   |   | :                                       |   |
| CT CORPORATION SYSTEM   |   |   | A. 4<br>8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 |
| Attn: Patricia Marquez  |   | viš i                                   | . <b></b>                                       |
| 49 Stevenson Street, Suite 300  |   | CE                                      |   |
| San Francisco, CA 94105   |   |   | 7 L 2   |
| re-paid Acct.# 1-800-874-8820   |   |   | 44 1- C   |
| Name and Address of Debtor (Last Name First if a Person)  |   | Ĕ                                       |   |
| hillips Jr., Allen R.   | ·<br>·<br>·   | ğ                                       | 당 얼   |
| O. Box 329 Hwy 25   |   |   | a z   |
| Columbiana, AL 35051  |   |   |   |
| •   |   | •                                       | ં પ્રાવ્ય ક                                     |
|   | !   | 4                                       | <u> </u>  |
| Social Security / Tax ID #  | ·<br>   | Ž                                       | (C) (C)   |
| Name and Address of Debtor (IF ANY) (Last Name First if a Person)   |   | H                                       | ~ 5   |
| Phillips, Lorraine F.   | ļ   |   |   |
| P.O. Box 329 Hwy 25   |   |   |   |
| Columbiana, AL 35051  | +   |   |   |
|   | -   |   |   |
|   |   |   |   |
|   | FILED WITH:   |   |   |
| Social Sectisity / Tax ID #   | Shelby  |   |   |
| Additional debtors on attached UCC-E  | 4. ASSIGNEE OF SECURED PARTY (IF ANY)   | (Last Name First i                      | if a Person)                                    |
| efferson Federal Savings & Loan Assoc.  | 4. ASSIGNEE OF SECONDO FRANCE   | ,                                       | ·   |
| 15 N. 21st St   |   |   |   |
| 15 N. 218t St<br>Sirmingham, AL 35202-2086  |   |   |   |
| Miningham, AL 33202-2000  |   |   |   |
| Social Security / Tax ID #  |   |   |   |
| Additional secured parties on attached UCC-E  |   |   |   |
| 025129  |   |   |   |
| This statement refers to original Financing Statement bearing File No. U23130   | Date Filed April 9, 1990  |   |   |
| Continuation. The original financing statement between the foregoing Debtor and Secured F   | Party, bearing file number shown above, is still effective.   |   |   |
| Termination. Secured Party no longer claims a security interest under the financing statement   | ent bearing the file number shown above.  |   |   |
| Partial or The Secured Party's right under the financing statement bearing file number s  Full property described in item 11 or to all of the property listed on this file, is assi | igned to the assignee   |   |   |
| Assignment. whose name and address appears in item 4.  Amendment Financing statement bearing file number shown above is amended as set fort   | th in item 11.  |   |   |
| Amendment Financing statement bearing file number shown above is amended as set for<br>Partial Secured Party releases the collateral described in item 11 from the financing        | statement bearing file  |   |   |
| Release number shown above.   |   |   | ·   |
| ermination: The secured party no longer claims a security inte  | erest under the financing statement bearting 11A  | . Enter Code(s) Fron                    | m   |
| he file number shown above.   |   | Back of Form That<br>Best Describes The |   |
|   |   | Collateral Covered<br>By This Filling:  |   |
|   |   | I 0 3                                   | 6 0 2   |
| Account # 530005000   |   |   | <del>_</del>                                    |
|   |   |   |   |
| 21001 -   |   | — —                                     |   |
| 2190150-69  |   |   |   |
|   |   |   |   |
| heck X if covered: Products of Collateral are also covered.   |   |   | <u> </u>  |
|   | Jefferson Federal Savings & Loan Assoc.   |   |   |
|   | Don's   |   |   |
|   | Signature(s) of Secured Party(ies)  |   |   |
| Signature(s) of Debtor(s)   |   |   |   |
|   |   |   |   |
| Type Name of Individual or Business   | Robert Lepin Authorized Agent  Type Name of Individual or Business  |   |   |