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.

		*				
The Debtor is a t as defined in ALA	transmitting utility A CODE 7-9-105(n).	'No. of Additional Sheets Presented:	This FINANCING STAT	EMENT is presented t	to a Filing Officer for	
Return copy or recorded original to			THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office			
Mutual Savings Credit Union 3596 Pelham Parkway			Date, Time, Nomber & Fining Of	iice		. .
Pelham, AL 35124					2888 ²	SBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB
Pre-paid Acct. #	1				1	
2. Name and Addre		(Last Name First if a Person)			00	828
Goodwin, Joseph K 1231 Hwy 99					802 *	3/20 3/20 5/4/20 1/20 1/20 1/20
Shelby	, AL 35143				S. C.	08/2 0:57 SKLBY
Social Security/	Tax (D.#				}-4	- - -
2A. Name and Addre	ess of Debtor (IF ANY)	(Last Name First if a Person)				
Social Security/						
	rs on attached UCC-E					
3. SECURED PART	Y (Last Name First if a Person)		4. ASSIGNEE OF SECURED PA	RTY (IF AN	Y) (Last N	ame First if a Person)
3596 P	Savings Credit U Pelham Parkway 1, AL 35124	nion				
Social Security/	Tax ID #					
Additional secure	ed parties on attached UCC-E					
5. VZ/This statemen	nt refers to original Financing Statemen	1998- 058	390	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
Filed with	Shelby County	n bearing File No.		'-23	₁₉ 98	
7. XXX Termination. 8. Partial or Full Assignment.	Secured Party no longer claims a sec The Secured Party's right under the f property described in item 11 or to all whose name and address appears in Financing statement bearing file num	een the loregoing Debtor and Secured Pacurity interest under the financing statement inancing statement bearing file number should be property listed on this file, is assignated 4. ber shown above is amended as set forth it described in item 11 from the financing statement.	it bearing the file number shown a own above to the ed to the assignee n item 11.	ove, is still effective. bove.		
11.					Back of Best D Collate	Code(s) From of Form That lescribes The stal Covered s Filing:
						
						- -
Check X if covere	ed: Products of Colleteral are also c	overed.				
Signature(s) of Debtor(s)			Signature(s) of Secured	Butle, Party(iee)		, <u>, , , , , , , , , , , , , , , , , , ,</u>
Signature(s) of	Debtor(s) (necessary only if item 9 is a	pplicable)	Signature(s) of Secured	Party(ies)		<u> </u>
Jospeh K Goodwin Type Name of Individual or Business			Mutual Savings Credit Union Type Name of Individual or Business			