


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.

<input type="checkbox"/> 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 REGIONS BANK P.O. BOX 4897 MONTGOMERY, AL 36103		<div style="writing-mode: vertical-rl; transform: rotate(180deg);">Inst # 2000-31307</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">09/12/2000-31307</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">08:24 AM CERTIFIED</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">SHELBY COUNTY JUDGE OF PROBATE</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">001 MMB .00</div>	
Pre-paid Acct. # _____			
2. Name and Address of Debtor (Last Name First if a Person) WALKER, GEORGE T. 19100 HWY 145 SHELBY, AL 35143			
Social Security/Tax ID # _____			
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) Social Security/Tax ID # _____			
<input type="checkbox"/> Additional debtors on attached UCC-E			
3. SECURED PARTY (Last Name First if a Person) REGIONS BANK OF LOUISIANA P.O. BOX 30280 NEW ORLEANS, LA 70190			
Social Security/Tax ID # _____			
<input type="checkbox"/> Additional secured parties on attached UCC-E		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)	
5. <input checked="" type="checkbox"/> This statement refers to original Financing Statement bearing File No. 1999-38253 Filed with SHELBY COUNTY Date Filed SEPTEMBER 13 19 99			
6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. <input checked="" type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. <input type="checkbox"/> Partial or <input type="checkbox"/> Full. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4. 9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11. 10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.			
11. <div style="float: right; text-align: right;">11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing. _____ _____ _____ _____ _____ _____ _____ _____</div>			
Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.			
FILED WITHOUT DEBTORS SIGNATURE Signature(s) of Debtor(s) Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		<div style="text-align: center;"> Signature(s) of Secured Party(ies) REGIONS BANK Signature(s) of Secured Party(ies)</div> <div style="text-align: center;">Type Name of Individual or Business</div>	