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 as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is presented filling pursuant to the Uniform Commercial		ficer for
Return copy or recorded original to	0.10010 7.10001100	THIS SPACE FOR USE OF FILING OFFICER		
		Date, Time, Number & Filing Office		
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Alagasco			<u>ģ</u>	
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			(n l	WE F
Pre-paid Acct. #	_		ġ	
2. Name and Address of Debtor	(Last Name First if a Person)	-1	20	
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Nober Jum	eron		*	
Robert Dam 1906 Lakela Helena, Ala	nd Tr!		<u>حب</u> . د.	50750 110 110 110 110 110 110 110 110 110 1
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Helena, Ala	35080		 	ત્ત્વ ⊕ 4ન દા
Social Security/Tex ID				
2A. Name and Address of Debtor (IF AN	(Y) (Last Name First If a Person)			
Social Security/Tax ID #	· · · · · · · · · · · · · · · · · · ·			
☐ Additional debtors on attached UCC-E		1		
3. SECURED PARTY (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY (IF /	ANY)	(Last Name First if a Person)
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1/		1/2		
Norrell		Alagasco		
Social Security/Tex ID #				
Additional secured parties on attached UCC-E		-		
		# 18676		
5. III This statement refers to original Einancing Sta	atement bearing File No	7.00		7/2
Filed with The evident formula at the evidence of the ev		<u>. I .,</u>		
 7. M. Termination. Secured Party no longer claims 	nt between the foregoing Debtor and Secured F a a security interest under the financing statem:	Party, bearing file number shown above, is still effective and bearing the file number shown above.	l.	
8. Partial or The Secured Party's right under	er the financing statement bearing file number s or to all of the property listed on this file, is assig	shown above to the		
Assignment. whose name and address appoint		med to the assignee		
	le number shown above is amended as set forti listeral described in item 11 from the financing :			
Release number shown above.				
11 ,				
			11.	A. Enter Code(s) From Back of Form That
				Best Describes The Collateral Covered
				By This Filing:
				200
				
				
				——————————————————————————————————————
				
Check X if covered: Products of Collateral are	also covered.			
Signature(s) of Debtor(s)	· 	Signature(s) of Secured Party(les)		
Glangh uplet of Pohiorial Incorporation and 18 to a	m O le section	- House	/	
Signature(s) of Debtor(s) (necessary only if iten	ıı a ıa abbiic ane j	Signature(s) of Secured Party(les)		
Type Name of Individual or Business		Type Name of Individual or Business		
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