## 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 transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is presented to a Fiting O filing pursuant to the Uniform Commercial Code.	flicer for
1. Return copy or recorded original to First National Bank of Shelby County P. O. Box 977 Columbiana, AL 35051		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Pre-paid Acct #		<b>*</b> 2000-3	6/2000-3 AM CERT
Wilsonville, AL 35186  Social Security/Tax ID #	5		10/1 10:45
Lara Marie Wilson 210 Valentine Trail Wilsonville, AL 35186			
Social Security/Tax ID #			
Additional debtors 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)
First National Bank of P. O. Box 977 Columbiana, AL 35051  Social Security/Tax ID #	Shelby County		
☐ Additional secured parties on attached UCC-E			
5. X This statement refers to original Financing State Filed with Shelby County J	tement bearing File No. Instrume	ent Number 1997-25008  Date Filed August 7 19 9	7
7. X Termination. Secured Party no longer claims 8. Partial or The Secured Party's right under property described in item 11 or Assignment. whose name and address appears 9. Amendment Financing statement bearing file	a security interest under the financing stateme the financing statement bearing file number st to all of the property listed on this file, is assign	hown above to the ned to the assignee in item 11.	
		11	A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
Check X if covered:  Products of Collateral are a	also covered		
	2.30 007010U.	Fine Massacion 1/20 1 - C - 22 - 22	
Signature(s) of Debtor(s)		First National Bank of Shelb	y County
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		Signature(s) of Secured Party(ies) William R. Justice, In-House Counsel	
Type Name of Individual or Business  (1) FILING OFFICER COPY — ALPHABETICAL (3) FILIN	IG OFFICER COPY — ACKNOWI EDGEMENT	Type Name of Individual or Business STANDARD FORM LINEORN CO	ANAERCIAL CODE CORNALICO 2