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 to a Filing Officer for filing pursuant to the Uniform Commercial Code.	
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
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1/2000		ณ	A THE BEACH
Alagasco		mant of the state	4 F
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Pre-paid Acct. #		୍ଦ ପ	SIN EN
2. Name and Address of Debtor	(Last Name First if a Person)		> ₹ 8 ±
William 5.	Horrell		ma Ag
VIII am	FORVEI	N N	岩岩
124 Lake	Lane		460
124 Lake Alabaster, A	6 25007		:
Hlabaster, H	14. 3000		` .
Social Security/Tax (D #			
2A. Name and Address of Debtor (IF A	(NY) (Last Name First If a Person)		
			•
Sociel Security/Tax ID #			
Additional debtors on attached UCC-E			
3. SECURED PARTY (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
	4 -		
Mainline Htg.		Alagasco	
rviame /	719.	Magas	
Social Security/Tax ID #			
Additional secured parties on attached UCC-E			
5. This statement relegé to original Financing S	Statement bearing File No.	# 22673	
Filed with 5/16/64		Date Filed JU/4	2000
6. Continuation. The original financing statement	ent between the foregoing Debtor and Secured	Party, bearing file number shown above, is still effective.	·
7. Termination. Secured Party no longer claim 8. Partial or The Secured Party's right und	ns a security interest under the financing states der the financing statement bearing file number	ment bearing the file number shown above. r shown above to the	
☐ Full property described in item 11	or to all of the property listed on this file, is as:		
Assignment whose name and address app 9. Amendment Financing statement bearing to		erth in Item 11.	
10. Partial Secured Party releases the co	ollateral described in item 11 from the financing	g statement bearing file	
11.		· 	······································
			11A. Enter Code(s) From
			Back of Form That Best Describes The
			Collateral Covered By This Filling:
			500
			
			
			— — ———
			
			
Check X if covered: Products of Collateral ar	re also covered.		
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Signature(s) of Debtor(s)	······································	Signature(s) of Secured Party(les)	
		Signature(s) Secured Party(less)	
Signature(s) of Debtor(s) (necessary only if Ite	m 9 is applicable)	Signature(stof Secored Party(les)	
Type Name of Individual or Business	-1.7	Type Name of Individual or Business	- w
			RM COMMERCIAL CODE — FORM UCC-: