## 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 presentiling pursuant to the Uniform Commercial	ented to a Filing Offic	cer for
1. Return copy or recorded original to  REGIONS BANK PO BOX 511	· · · · · · · · · · · · · · · · · · ·	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	ciai Code.	<u> </u>
MONTGOMERY, AL 36101-0511				
Pre-paid Acct #	(Last Name First if a Person	)	1259	1259 IFIED PROBATE
8300 HELENA ROAD PELHAM, AL 35124			30-4	00-41 CERTI USE OF P
Social Security/Tax ID #	(Last Name First if a Person)		nst * 20	11/30/200 0:12 AM C SHELBY COUNTY JU
Social Security/Tax ID #				
Additional debtors on attached UCC-E				
PO BOX 511  MONTGOMERY, AL 36101-0511  Social Security/Tax ID #	1000			
The statement beautiful and th	SHELBY COUNTY	15425		
Continuation. The original financing statement between Secured Party no longer claims a security The Secured Party's right under the financing Full property described in item 11 or to all of the whose name and address appears in item Financing statement bearing file number sin Secured Party releases the collateral described number shown above.  PLEASE AMEND SECURED PARTY	the loregoing Debtor and Secured interest under the financing statement bearing file number see property listed on this file, is assigned.  4. hown above is amended as set forth ribed in item 11 from the financing statement.	shown above to the pred to the assignee	19 e.	
REGIONS BANK F/K/A FIRST A	TO READ: LABAMA BANK		Ba Be: Co	ter Code(s) From ck of Form That st Describes The flateral Covered This Filing:
Check X if covered: Products of Collateral are also covered	<b>j</b> .			
ILED WITHOUT DEBTOR'S SIGNAT	TURE	Signature(s) bir Secured Sectives	A	
Signature(s) of Debtor(s) (necessary only if item 9 is applicat	ble)	Signature(s) of Secured Party(ies)	Mard	SDU
Type Name of Individual or Business  ILING OFFICER COPY — ALPHABETICAL (3) FILING OFFICER (3)	COPY ACKNOWLEDGEMENT	REGIONS BANK F/K/A F. Type Name of Individual or Business	LKST ALAB	AMA BANK