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 filting pursuant to the Uniform Commercial Code.	
Return copy or recorded original to	510013 7 103017100.	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
		Date, Title, Nomber & Timing Office	
Alaga	5C6		
Pre-paid Acct #			
2. Name and Address of Debtor	(Last Name First if a Person)		~ <u>~</u> ~
Pelham Ala Social Security/Tex ID #	ning Tree Lin. 35/24 (Last Name First If a Person)		# 2000-4377 8/2000-4377 PH CERTIFIE EMITY JUBE OF PROPRE #8 . 10
			75.t 12/1 第四等 8日報
			.
Social Security/Tax ID #		_	
Additional debtors on attached UCC-E		4 4000000000000000000000000000000000000	
3. SECURED PARTY (Last Name First II a Perso	n)	4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
1/2001		A lagasco	
Norvell			
Sociel Security/Tax ID #			
Additional secured parties on attached UCC-8	E		
	····	# 3/7/2	
5. This statement refers to original Financing Filed with	Statement bearing File No	Date Filed // DV	19 95
6. Continuation. The original firmnoing state 7. Termination. Secured Party no longer of 8. Partial or The Secured Party's right of Pull property described in item Assignment. whose name and eddress a 9. Amendment Financing statement bearing	sims a security interest under the financing stater under the financing statement bearing file number 11 or to all of the property listed on this file, is ass	shown above to the signed to the assigned to the assigned to the assigned of the signed of the signe	
			11A. Enter Code(s) From Back of Form That Best Describes The Colleteral Covered By This Filing:
			
Check X if covered: Products of Colleteral	are electroment		
Treat A / COTTO DE LE PRODUCTS DI CONSTINUE	BIT BIT CUTTING.		
Signature(s) of Debtor(s)		Signature(s) of Secured Pagy(its)	
		- G. House	
Signature(s) of Debtor(s) (necessary only if	item 9 is applicable)	Signature(s) of Secured Party(les)	
Type Name of Individual or Business		Type Name of Individual or Business	
	/ 43 PP4 18 165 - 65 PP PC 1		ORM COMMERCIAL CODE FORM UCC-3 he Secretary of State of Aleberna