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	No. of Additional	This FINANCING STATEMENT is presented to a F	illing Officer for
es defined in ALA CODE 7-9-105(n). 1. Return copy or recorded original to	Sheets Presented:	filing pursuant to the Uniform Commercial Code.	
The same copy of recorded original as		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
		200 V	
Alagasco			
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Pre-peld Acct #			
2. Name and Address of Debtor (Last Name First if a Person)			WA B
Henrietta Davis 5036 Little Turtle Drive B'ham, Ala 35242			BI EB
5036 Little 1	unte un ve		
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Khan Ala	33242		
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Social Security/Tax (D'9	(Last Name First if a Person)	4	
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Social Security/Tax ID #			
☐ Additional debtors on attached UCC-E			
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3. SECURED PARTY (Last Name First If a Person)		4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
2 / 0			
A+C		1/2000	
		Alagasco	
Social Security/Tax ID #			
☐ Additional secured parties on attached UCC-E			
		# 1014/	
5. D This statement refers to original Financing Statemen	t bearing File No	77 001 11	0.441
Filed with		Date Filed Jan	2001
Continuation. The original financing statement between 7. Termination. Secured Party no longer claims a secured.	een the foregoing Debtor and Secured Pa	arty, bearing file number shown above, is still effective.	
	urity interest under the financing stateme inancing statement bearing file number st	nt bearing the file number shown above.	
	of the property listed on this file, is assign		
Assignment, whose name and address appears in	item 4.		
9. Amendment Financing statement bearing file num 10. Partial Secured Party releases the colleteral	ber shown above is amended as set forth described in item 11 from the financing st	in item 11.	
Release number shown above.	CONTINUES AS MENT IN NOTICE OF STREET, CARRY ST	catement pearing me	
11.			
			11A. Enter Code(s) From Back of Form That
			Best Describes The Colleteral Covered
			By This Filling:
			500
			
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Check X if covered: Products of Collateral are also o	overed.		
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Signature(s) of Debtor(s)	······································	Signature(s) of Secured Try(les)	j
Clanaturates of Calendaria to a second and a		- G. House	
Signature(s) of Debtor(s) (necessary only if item 9 is a	pp ricable)	Signature(s) of Secural Petrty(ide)	
Type Name of Individual or Business	<u> </u>	Type Name of Individual or Business	
	 :		RM COMMERCIAL CODE FORM LICC-3