## 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(□).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is presented to a Filling pursuant to the Uniform Commercial Code	ling Officer for
First National Bank of S P. O. Box 977 Columbiana, AL 35051	Shelby County	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Pre-paid Acct #  2. Name and Address of Debtor  Everett W. Snell	(Last Name First if a Person)		* 2001-05128 /2001-05128 PR CERTIFIED WITY JUNE OF PREATE
Social Security/Tax ID #	(Last Name First if a Person)		1nst 302/13
Social Security/Tax ID #		4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
First National Bank of Conow known as First National P. O. Box 977 Columbiana, AL 35051 Social Security/Tax ID #		ounty	
Additional secured parties on attached UCC-E  5 X This statement refers to original Financing State  Filed with She1by County Pr		18704  Date Filed Sept. 1	19 92
<ul> <li>6.  Continuation. The original financing statement</li> <li>7.  Termination. Secured Party no longer claims at the Secured Party's right under property described in item 11 or the Assignment. The Secured Party's right under property described in item 11 or the Assignment. The Secured Party's right under property described in item 11 or the Assignment. The Secured Party is right under the property described in item 11 or the Assignment.</li> <li>9.  Amendment Financing statement bearing file.</li> </ul>	between the foregoing Debtor and Secured Pa a security interest under the financing statement the financing statement bearing file number shot all of the property listed on this file, is assign	arty, bearing file number shown above, is still effective. In the property of the number shown above. The property of the series	
			11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
Check X if covered: D Products of Collateral are a	Iso covered.		
Signature(s) of Debtor(s)		First National Bank of Sh	elby County
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)			use Attorney
Type Name of Individual or Business (1) FILING OFFICER COPY — ALPHABETICAL (3) FILIN	G OFFICER COPY — ACKNOW! EDGEMENT	Type Name of Individual of Business	BM COMMERCIAL CODE — FORM UCC. 2