STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

53981

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Important: Read Instructions on Back Before Filling out Form.

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14 PERCEST

0. BOX 218

NANDKA, MN. 55 MM

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 F filling pursuant to the Uniform Comment of Code	iling Officer for
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
First Federal Sav 1630 Fourth Avenu Bessemer, AL 350	e North		2388 171 171 188 188 188 188 188 188 188 1
Pre-paid Acct. #01-756	6173		0 - b
Name and Address of Debtor	(Last Name First if a Person	n)	対明智
00Y, Barbara L. 44 Lakeview Court Shelby, AL 35143			05/12/4 05/20 10 10 10 10 10 10 10 10 10 10 10 10 10 1
Social Security/Tax ID #	NY) (Last Name First if a Person		
Social Security/Tax ID #		FILED WITH:	· · · · · · · · · · · · · · · · · · ·
Additional debtors on attached UCC-E NAME AND ADDRESS OF SECURED PARTY)	/I set Name First if a Despee	4 NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY	
First Federal Sa 1630 Fourth Aver Bessemer, Alabar Social Security/Tax ID # Additional secured parties on attached UCC-E	nue North		
	totomont honores File No. That	1000 2770/	······································
5. This statement refers to original Financing State Filed with Probate Office			
6. Continuation The original financing stateme 7. Termination. Secured Party no longer claim 8. Partial or The Secured Party's right und 9. Full property described in item 11 and Assignment. Whose name and address app 9. Amendment Financing statement bearing file.	ent between the foregoing Debtor and Secure is a security interest under the financing state ler the financing statement bearing file number or to all of the property listed on this file, is as	ed Party, bearing file number shown above, is still effective. Sement bearing the file number shown above or shown above to the ssigned to the assignee orth in item 11	
			11A Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
			
Check X if covered: Products of Collateral are	also covered.	- • • • • • • • • • • • • • • • • • • •	
		FIRST FEDERAL SAVINGS BANK	
Signature(s) of Debtor(s)	·	Signature(s) of Secured Party(les)	
Signature(s) of Debtor(s) (necessary only if item	n 9 is applicable)	Signature(s) of Segured Party(es)	<u> </u>
Type Name of Individual or Business		Type Name of Individual or Business	