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

45805

Type Name of Individual or Business

## 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 presented to filling pursuant to the Uniform Commercial Comm	o a Filing Officer for ode.
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
REGIONS BANK			
LOAN OPERATIONS/COLLA	ATERAL		
P.O. BOX 10247			<b>49 49</b> €
BIRMINGHAM, ALABAMA 35202			% # ₩
Pre-paid Acct. #			2 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
Name and Address of Debtor	(Last Name First if a Person	n)	
SAGINAW PIPE COMPANY, INC. P.O. BOX 8			
SAGINAW, ALABAMA 35137			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	1.57		
Social Security/Tax ID #	ANY) (Last Name First if a Perso		
Name and Address of Debtor (iF	MAI) (Fast laging that is a Letac		
Social Security/Tax ID #		FILED WITH:	
Additional debtors on attached UCC-E NAME AND ADDRESS OF SECURED PARTY	A (Lest Name First if a Dames)	4 NAME AND ADDRESS OF ASSIGNEE OF SECURED PAR	RTY (IF ANY) (Last Name First if a Pers
ATTN: COMMERCIAL LOAD P.O. BOX 10247 BIRMINGHAM, ALABAMA	35202		
Social Security/Tax ID #			
Additional secured parties on attached UCC-6			
5. This statement refers to original Financing Statement bearing File No.		1996-10594	## <del>**</del>
	Y JUDGE OF PROBATE	Date Filed APRIL 2, 19	996-1 <u>0594</u>
☐ Termination. Secured Party no longer cla ☐ Partial or The Secured Party's right u ☐ Full property described in item 1 ☐ Assignment. whose name and address a ☐ Amendment Financing statement bearing	aims a security interest under the financing sta inder the financing statement bearing file num 11 or to all of the property listed on this file, is	ber shown above to the assigned to the assignee t forth in item 11.	
			444 Fatas Cadada Faa-
CHANGE NAME OF SEC	URED PARTY TO REGIONS	S BANK	11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
			<del>_</del>
			<del></del>
			<del></del>
Check X if covered: Products of Collateral	are also covered.		
		<u> </u>	
AMEND WITHOUT DEBTO	OK SIGNATUKE	Signature(s) of Secured Party(ies)	marnue
Signature(s) of Debtor(s) (necessary only if	item 9 is applicable)	Signature(s) of Secured Party(ies)	

REGIONS BANK FKA FIRST ALABAMA BANK

Type Name of Individual or Business