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(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is presented to filling pursuant to the Uniform Commercial Co	a Filing Officer for de.
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
EGIONS BANK			
.O. BOX 4897			
MONTGOMERY, AL 36103			* 19 m
			2 8 元 宏 8
Pre-paid Acct. #			
2. Name and Address of Debtor	(Last Name First if a Person)		ال الله الله
JONES, RODNEY K.			d a z ≥ =
188 KING JAMES CT.			
LABASTER, AL 35007			
			* <u>6.5</u>
Social Security/Tax ID #			9]
2A. Name and Address of Debtor (IF:	ANY) (Last Name First if a Person)	-	
			,
Social Security/Tax ID #			
Additional debtors on attached UCC-E			
SECURED PARTY (Last Name First if a Person	1)	4. ASSIGNEE OF SECURED PARTY (IF ANY	(Last Name First if a Person)
REGION	S BANK of LOUISIANA		
POB 302	280		
	EANS, LA 70190		
Social Security/Tax ID #			
Additional secured parties on attached UCC-E			
5. This statement refers to original Financing	Statement bearing File No. 2000-15787		
Filed with	SHELBY COUNTY	Date Filed 5-12-(30	19
7. Termination. Secured Party no longer claim	nent between the foregoing Debtor and Secured P ims a security interest under the financing stateme	arty, bearing file number shown above, is still effective. Intibearing the file number shown above.	
8. Partial or The Secured Party's right un	nder the financing statement bearing file number at 1 or to all of the property listed on this file, is assign	hown above to the	
Assignment, whose name and address ap	ppears in item 4.		
	file number shown above is amended as set forth collateral described in item 11 from the financing st		
Release number shown above.		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
, ,			
			11A. Enter Code(s) From Back of Form That
			Best Describes The Collateral Covered
			By This Filing:
			
			— — — — — — — — — — — — — — — — — — —
		(X)	
Check X if covered: X Products of Coll	lateral are also covered.		
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FILED W/O DEBTOR'S SI	CNATURE	James July	<i>U</i>
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies) REGIONS BANK OF LOUISIA	NA
Signature(s) of Debtor(s) (necessary only if it	lem 9 is applicable)	Signature(s) of Secured Party(iss)	
Type Name of Individual or Business			·
	FILING OFFICER COPY — ACKNOWLEDGEMENT	Type Name of Individual or Bus ness STANDARD FORM — UN	IFORM COMMERCIAL CODE — FORM UCC