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 de.	for	
1. Return copy or recorded original to First National Bank of P. O. Box 977	of Shelby County	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office			
Columbiana, AL 3505	51				
Pre-paid Acct #			303	303 TED	PROBATE
					15. 15. 15. 15. 15. 15. 15. 15. 15.
Shelby, AL 35143			# 200	/2003/ ** CE	COUNTY JUD
Social Security/Tax ID #	ANY) (Last Name First if a Person)		Inst	03/15	SHELBY
Social Security/Tax ID #					
Additional debtors on attached UCC-E					
First National Bank on now known as First National Bank of Pirst National Bank of P. O. Box 977 Columbiana, AL 35051	f Columbiana f Shelby County	4. ASSIGNEE OF SECURED PARTY (IF ANY	(Las	t Name First if a Pe	rson)
Social Security/Tax ID #		- -			
Additional secured parties on attached UCC-E					
5. A This statement refers to original Financing Statement bearing File No. Filed with Shelby County Judge Of Probate		1993-36774 Date Filed November 18	19 93	- -	
7. 44 Termination. Secured Party no longer claim 8. Partial or The Secured Party's right under property described in item 11 Assignment. Whose name and address ap 9. Amendment Financing statement bearing	ims a security interest under the financing stateme ider the financing statement bearing file number si 1 or to all of the property listed on this file, is assign	hown above to the ned to the assignee in item 11.			
			Bac Bes Col	er Code(s) From ik of Form That it Describes The lateral Covered This Filing:	
			<u></u>		
Check X if covered: Products of Collateral a	re also covered.			_	
Signature(s) of Debtor(s)		First National Bank of St known as First National I	Sank of	unty form Columbia	nerly na
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		Signature(s) of Secured Party(iet)	1-House	Attorney	<u> </u>
Type Name of Individual or Business 1) FILING OFFICER COPY — ALPHABETICAL (3) F	ILING OFFICER COPY — ACKNOWLEDGEMENT	Type Name of Individual or Business		CIAL CODE CORN	