The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented: 0	This FINANCING STATEMEN filling pursuant to the Uniform		Officer for	
Return copy or recorded original to.		THIS SPACE FOR USE OF FILING OFFIC		<u></u>	
ACCUSEARCH, INC. 2727 ALLEN PARKWAY SUITE 1000		Date, Time, Number & Filing Office			
HOUSTON, TX 77019					
Pre-paid Acct. #	(Last Name First if a Person)			្រ	A
2. Name and Address of Debtor HULL, RONALD C 2006 CHANDA BROOK DRIVE PELHAM, AL 35124	(Last Maine First if a Ferson)			1319	3195 1F 1E 3687E
		•		00.	CERT PER PER
				U	ると言葉
Social Security/Tax ID # 2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)			*	
				Inst	04/0 09:29 SELEV
Social Security/Tax ID #	· 	FILED WITH:			
Additional debtors on attached UCC-E		Shelby			
3. NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY	(∤F ANY)	(Last Name First if a	Person)
COMPASS BANK PO BOX 10566 BIRMINGHAM, AL 35296					
Social Security/Tax ID #	·				
Additional secured parties on attached UCC-E					
5. X This statement refers to original Financing Sta	tement hearing File No. 0389	5	,,,,,		
Filed with Shelby		Date Filed 02/	06	19_97_	
 7. X Termination. Secured Party no longer cla 8. Partial or The Secured Party's right use Full property described in item 1 Assignment. whose name and address a 9. Amendment Financing statement bearing 	ims a security interest under the fin inder the financing statement bearing 1 or to all of the property listed on to ppears in item 4. If file number shown above is amen	his file, is assigned to the assignee	n above, is still effective. wn above.	Accu#:8835005	370
11.		•		11A. Enter Code(Back of Fon Best Describ Collateral C By This Filin	n That des The overed
					
					
Check X if covered: Products of Collateral are	also covered.				
RONALD C HULL		COMPASS BANK			
Signature(s) of Debtor(s) ROMALD HULL		Signature(s) of Secured Party(i	es) ATTORNEY IN E	FACT	1 ~ 1
Signature(s) of Debtor(s) hecessary only if its	em 9 is applicable)	Signature(s) of Secured Party(ies)	to my W) u el
Type Name of Individual or Business	<u> </u>	Type Name of Individual or Bu	ısiness		
1.7	(3) FILING OFFICER COPY-ACKNOV	VLEDGEMENT STA (5) FILE COPY DEBTOR(S)	ANDARD FORM-UNIFORM Co	OMMERCIAL CODE-FORM tary of State of Alabama	UCC-3