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 tran | ismitting utility | No. of Additional Sheets Presented: | This FINANCING STATEMENT is presently filling pursuant to the Uniform Commer | ented to a Filing Office cial Code. | er for |
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| Return copy or rec | | | THIS SPACE FOR USE OF FILING OFFICIER Date, Time, Number & Filing Office | | : |
| 600 NORTH | POWER COMPANY 1 18th STREET | | Date, (mie, Momool de l'ang Omoo | 8 | 80년 변 |
| BIRMINGHAM, AL 35291 | | | | # 128 - 128 | 128 171 186 187 188 188 188 188 188 188 188 188 188 |
| Pre-paid Acct. # 2. Name and Address | s of Debtor | (Last Name First if a Person) | | 4 | 世紀と |
| 268 COUNT | ARLES DAVID TY ROAD 916 LO, AL 35115 | | | | 04/23/200 2:25 PM CI SELW GET N |
| Social Security/To 2A. Name and Address | | (Last Name First if a Person) | | | |
| 268 COUN | VEN ROBERT JR. TY ROAD 916 LO AL 35115 | | | | |
| Social Security/T | ax ID # | | | | |
| Additional debtors on attached UCC-E | | | | AL AND | (I and Alexan Circle Id a Demon) |
| 3. SECURED PART | Y (Last Name First if a Person) | | 4. ASSIGNEE OF SECURED PARTY | (IF ANY) | (Last Name First If a Person) |
| 600 NORT | POWER COMPANY H 18th STREET AM, AL 35291 | | | | |
| Social Security/T | | · · · · · · · · · · · · · · · · · · · | - | | |
| | d parties on attached UCC-E | 1000 (4000 | <u></u> | ··· | |
| 5.XI This statement Filed with | UDGE OF PROBATE/S | ont bearing File No. <u>1999/4000</u> SHELBY | Date Filed SEP 24 | <u>x</u> x | 1999 |
| 6. Continuation. 7. Termination. 8. Partial or Full Assignment. 9. Amendment 10. Partial Release | Secured Party no longer claims a se The Secured Party's right under the property described in item 11 or to a whose name and address appears in Financing statement bearing file nur | curity interest under the financing statement financing statement bearing file number statement of the property listed on this file, is assign. | ned to the assignee h in item 11. | ective. | |
| | | | | 11 A | Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling: |
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| Check X if cover | ed: Products of Collateral are also | COVERED. | DA Hinto | | <u>. </u> |
| Signature(s) o | f Debtor(s) | · · · · · · · · · · · · · · · · · · · | Signature(s) of Secured Party(ine) | | |
| Signature(s) o | of Debtor(s) (necessary only if item 9 is | applicable) | Signature(s) of Secured Party(ks) ALABAMA POW.ER | | |
| | f Individual or Business OPY — ALPHABETICAL (3) FILING (| OFFICER COPY — ACKNOWLEDGEMENT | Type Name of Individual or Business STANDARD FO | | MERCIAL CODE — FORM UCC |