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	No. of Additional	This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.	
as defined in ALA CODE 7-9-105(n).	Sheets Presented:	THIS SPACE FOR USE OF FILING OFFICER	
1. Return copy or recorded original to		Date, Time, Number & Filing Office	Marie W
FIRST COMMERCIAL BANK		<u> </u>	ST.
P.O. BOX 11746			OH ES
BIRMINGHAM, AL. 35202-1746		जर्म १	
ATTN: JOYCE DILTZ		Ž Ž	
Pre-paid Acct. #	(Last Name First if a Person)	(i)	7 5 F
2. Name and Address of Debtor	(Cast Manie Lust it & Lesci)	*	F. 5 8
SUMMERS, MICHAEL R.	_	نو.	₹ 75°
7341 CAHABA VALLEY ROAL			
BIRMINGHAM, AL. 35242			
Social Security/Tax ID #	ANY) (Last Name First if a Person)		
Social Security/Tex ID #			
☐ Additional debtors on attached UCC-E			
3. SECURED PARTY (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
FIRST COMMERCIAL BANK			
2000 SOUTHBRIDGE PARKWAY			
	4271		
P.O. BOX 11746 BIRMINGHAM, AL. 35202	2_1746	ļ	
BIRMINGHAM, AL. 35202	2-1740		
Social Security/Tax ID #		-	
☐ Additional secured parties on attached UCC-6	Ê		<u></u>
	Statement bearing File No. 1996-2591	<u> </u>	<u></u>
5.42 This statement refers to original Financing Filed with SHELBY COUNTY	TITIO OF PROBATE	Date Filed	XX 1996
6.XX Continuation. The original financing state 7. Termination. Secured Party no longer cl. 8. Partial or The Secured Party's right to property described in Item Assignment. whose name and address to the property described in Item.	ement between the foregoing Debtor and Secured laims a security interest under the financing statem under the financing statement bearing file number 11 or to all of the property listed on this file, is assi	igned to the assignee th in item 11.	
11.			11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
Check X if covered: Products of Colleters	al ere also covered.		
	······································	FIRST/COMMERCIAL BANK	
	··	Signatural of Secured Partyline	4
Signature(s) of Debtor(s)		BY: / Cace / Muss	u
Signature(s) of Debtor(s) (necessary only	If item 9 is applicable)	Signature(s) of Secured Party(kis)	
		Type Name of Individual or Buriness	
Type Name of Individual or Business		13ho series of property of positions	TOTAL COME FORMUSE