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.

F-0163

			F*0100 ****
☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional	This FINANCING STATEMENT is presented	
Return copy or recorded original to	Sheets Presented:	THIS SPACE FOR USE OF FILING OFFICER	Looe.
		Date, Time, Number & Filing Office	
Colonial	Danle		
Colonial Bank			
P.O. Box 1708			
Huntsville, AL 35807			· <u>Ž</u>
Pre-paid Acct. #			4 8 4 1 2
2. Name and Address of Debtor	(Last Name First if a Person)		
7	· · · · · · · · · · · · · · · · · · · ·		
Caspers John E			
209 Meadowlark Dr.			Ö Ö ₩ ∰
Montevallo, AL 35115			
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			# # # # # # # # # # # # # # # # # # #
Social Security/Tax ID #	(Last Name First if a Pareas)		4 6 5
ZA. (1411) 4110 AUGIESS OI DEDIOI (IF AIVI)	(Last Name First if a Person)		· · · · · · · · · · · · · · · · · · ·
			· **:
Social Security/Tax ID #			
		<u>-</u>	
Additional debtors on attached UCC-E			
3. SECURED PARTY (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY (IF A	(Last Name First if a Person)
COLONIAL DANK			
COLONIAL BANK			
720 Simnary St.			
Moulton, AL 35650			
Social Security/Tax ID #			
☐ Additional secured parties on attached UCC-E			
5. X This statement refers to original Financing Stateme	ent bearing File No. 1998	-16329	······································
	Shelby County	Date Filed May 5	19 9 8
6. Continuation. The original financing statement bet		<u> </u>	
7. 🔀 Termination. Secured Party no longer claims a se	ecurity interest under the financing statement	ent bearing the file number shown above.	
	tinancing statement bearing file number s all of the property listed on this file, is assig		
Assignment whose name and address appears i	in item 4.		
9. Amendment Financing statement bearing file nur 10. Partial Secured Party releases the collatera	mber shown above is amended as set forti al described in item 11 from the financing :		
Release number shown above.	in described in item if item the interioring i	Statement Dearing me	
11.			
			11A. Enter Code(s) From
			Back of Form That Best Describes The
			Collateral Covered By This Filing:
			
			
			
Check X if covered: Products of Collateral are also	covered.	, ,	
		Inonne Kily	7/20/01
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)	-,,
Signature(s) of Debtor(s) (necessary only if item 9 in	annticable)	Signaturals) of Secured Body (co.)	
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		Signature(s) of Secured Party(ies) Colonial Bank	
Type Name of Individual or Business		Type Name of Individual or Business	