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 a Filling Officer for	
Return copy or recorded original to	ginal to THIS SPACE FOR USE OF FILING OFFICER		de
		Date, Time, Number & Filing Office	
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Alaga	15 CB		
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		E C	8
Pre-peid Acct. # 2. Name and Address of Debtor		ှိ	υ Ε Ε ·
	(Last Name First if a Person)	· ·	お田屋
John Kola	aczek gle Tree Circle la. 35242		
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Bham, H	1a. 35242	+	28.78 3.4.4. 3.18.28 3.18.28.28.28.28.28.28.28.28.28.28.28.28.28
Social Security/Tax ID #			2 25 3
2A. Name and Address of Debtor (IF A	(Last Name First if a Person)	_	A C
Social Security/Tax ID #			
Additional debtors on attached UCC-E		1	
3. SECURED PARTY (Last Name First If a Person)		4 ASSIGNEE OF SECURED PARTY (IF ANY)	
	<u>_</u>	# ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
Hastings 7	Hasina	Maria	
HUSTINGS II	D. > 140	Alagasco	
		<u>i</u> 	
Social Security/Tex ID #			
Additional secured parties on attached UCC-E			
5. D This statement refers to original Financing Sta	atement bearing File No	#16812	·
Filed with 5 / 2 / 5 / 9		Date Filed // Qu	.9/
6. Continuation. The original financing statement. 7. Termination. Secured Party no longer statement.	nt between the foregoing Debtor and Secured Pa	the bearing file in the	19
8. Partial or The Secured Party's right under	er the financing statement bearing file number shi	n bearing the tile number shown above.	
Assignment whose name and address appa	or 10 all 01 the property listed on this file is easien.	ed to the assignee	
Financing statement bearing file	le number shown above is amended as assigned :	in Item 11.	
The state of the s	lateral described in item 11 from the financing sta	atement bearing file	
11.			. <u>. </u>
			11A. Enter Code(s) From
			Back of Form That Best Describes The
			Collateral Covered By This Filling:
			500
			
			
Check X if covered: Products of Collateral are	also covered.		
			
Signature(s) of Debtor(s)			
		Signature(s) of Sectored Party(lés)	······································
Signature(s) of Debtor(s) (necessary only if Item	9 is applicable)	Signature(s) of Secured Party(les)	
Type Name of Individual or Business		Type Name of Individual or Business	
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