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 filling pursuant to the Uniform Commencial	d to a Filina Office to
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER	Code.
ALAGASCO		Oate, Time, Number & Filing Office	
	(Last Name First if a Person) CLE 124		* 2001-34341 001-34341 CERTIFIED JUNGE OF PROBATE
Social Security/Tax ID #	(Last Name First If a Person)		08/14/2 08:28 AM SHELBY COUNTY 001 CH
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 AN	Y) (Last Name First if a Person)
NORRELL		ALAGASCO	
Social Security/Tax ID #	-		
Additional secured parties on attached UCC-E			
5. CKThis statement refers to original Financing Statement Filed withSHELBY		#26882	
Full property described in Item 11 or to all of Assignment. whose name and address appears in item. 9. Amendment Financing statement bearing file number.	incing statement bearing life number sho the property listed on this file, is assigne om 4.	ty, bearing file number shown above, is still effective. bearing the file number shown above. wn above to the id to the assignee	
			11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: 500
			
Check X If covered: Products of Colleteral are also covered			——— ————
The state of Contracts of Contracts are size cover	STBG.	<u> </u>	
Signature(s) of Debtor(s)		Signature(a) of Saurand Bank Mark	
Signature(s) of Debtor(s) (necessary only if item 9 is appli	icable)	Signature(s) of Recursed Party(les) Signature(s) of Recursed Party(les)	
Type Name of Individual or Business		Type Name of Individual or Business	