## 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 assessed to	
as defined in ALA CODE 7-9-105(n).  1. Return copy or recorded original to	Sheets Presented:	This FINANCING STATEMENT is presented to filling pursuant to the Uniform Commercial Co	de.
		Date, Time, Number & Filing Office	
Alagaso	か		
May			œ
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			T HES
Pre-peld Acct. #  2. Name and Address of Debtor	(Last Name First If a Person		
	(Case (Jense ) (19) (1) E Lét 201)	"   	2 2 B
Bart Man	<i>A</i> , ,		N SE =
623 Cahaba	Manor Lana		
Felham, Ala.	25/24		úñ₹8
· ·			
Social Security/Tex ID #	(Last Name First if a Person)		
(w rate)	(rest tablie Little P L6120U)	'	
			•
		<b>,</b>	
Social Security/Tex ID #	<del></del>		
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)
Steel City	)	Alagasco	
Social Security/Tax ID #			
Additional secured perties on attached UCC-E			
5. This statement refers to original Financing Statement	ent bearing File No.	# 2888	······································
Flied withShelby		Date Filed	19 99
6. Continuation. The original financing statement bet 7. Termination. Secured Party no longer claims a se	ween the foregoing Debtor and Secured Scurity interest under the financine state.	Party, bearing file number shown above, is still effective. ment bearing the file number shown above.	
a Carrier or the section Little Light RUGS, IDS	financing statement bearing file number all of the property listed on this file, is assi	shown above to the	
	n item 4.		
	mber shown above is amended as set for it described in item 11 from the financing	rth in Item 11. I statement bearing file	
11.	<del></del>		
			11A. Enter Code(s) From
			Back of Form That Best Describes The
			Colleteral Covered the This Filing:
			200
			<del></del>
Check X if covered: Products of Colleteral are also	covered.		<del></del>
			······································
Signature(s) of Debtor(s)		Signature(s) of Security Party(les)	/
Signature(s) of Debtor(s) (necessary only if Item 9 is a	applicable)	Signature(a) / Segurad Party(lea)	
Type Name of Individual or Business		Type Name of Individual or Business	

STANDARD FORM