## 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).  1. Beturn copy of recorded prints. | No. of Additional Sheets Presented:                            | This FINANCING STATEMENT is preser     | nted to a Filing Officer for   |
|---|--|--|--|
| Return copy or recorded original to   |  | THIS SPACE FOR USE OF FILING OFFICER   |  |
| AMERICAN GENERAL F  | ETNA NICIE   | Date, Time, Number & Filing Office     | រល 💢 🛱   |
| P.O. BOX 36129  |  |  |  |
| BIRMINGHAM, AL 35236  |  |  | □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □  |
|   | 236  |  | · • • • • • • • • • • • • • • • • • • •                                  |
|   |  |  |  |
| Pre-paid Acct #  2. Name and Address of Debtor  | • <u> </u>   | j                                      |  |
| - Tiento and Address of Debtor  | (Last Name First if a Person)                                  |  | (U)  |
| DAVID ELLIS   |  |  | · · · · · · · · · · · · · · · · · · ·                                    |
| P.O. BOX 429  |  | j                                      |  |
| HARPERSVILLE, AL 35078  |  | j                                      | Sc. 54. 38   |
| , Al J  | 3078   |  | He Tright  |
| 0   |  |  |  |
| Social Security/Tax ID #  |  |  | الميم ا  |
| (IF ANY)  | (Last Name First if a Person)                                  | _                                      |  |
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|   |  |  |  |
| Social Carrier (To the III  |  |  |  |
| Social Security/Tax ID #  |  |  |  |
| Additional debtors on attached UCC-E SECURED PARTY (Lest Name 5)  |  |  |  |
| SECURED PARTY (Last Name First if a Person)   | <u> </u>   | 4. ASSIGNEE OF SECURED PARTY (IF A     | ANA  |
| AMEDICANI COMPAN-   |  | (04-)                                  | NY) (Last Name First if a Person)  |
| AMERICAN GENERAL FI   | NANCE  |  |  |
| PO BOX 36129  | _  |  |  |
| BIRMINGHAM, AL 3523   | 6  |  |  |
| Social Security/Tax ID #  |  |  |  |
| Additional secured parties on attached UCC-E  |  |  |  |
| This statement refers to original Financing Statement   | ent bearing File No. 1996-4121                                 | 20                                     |  |
| Filed with SHELBY COUNTY  | JUDGE OF PROBATI   | 70/70/                                 |  |
| Continuation. The original financing statement bet  Termination. Secured Party no longer claims a se        | tween the foregoing Debtor and Secured Pa                      |  | O19  |
| Secured Party's right under the   | financing etatement beauty as                                  | " Searing the the flumbar shown above. | ·-   |
| Assignment whose name and address.  | Bill of the property listed on this file, is assigned in item. | ed to the assignee                     |  |
| Amendment Financing statement bearing file nun  | Wher ehous shows in  |  |  |
| Release number shown above.   | if described in item 11 from the financing sta                 | tement bearing file                    |  |
|   | <u></u>  |  |  |
|   | PTH MINDOW TINES   | 3 / m                                  |  |
| 1 FREDRICKS 24,0000   |  | A/C UDAM totales                       |  |
| 1 FREDRICKS 24,0000   | NOTO MINDOM ONTH   | A/C REAL PUMP                          | 11A. Enter Code(s) From Back of Form These                               |
| 1 FREDRICKS 24,0000   | NOTO MINDOM ONTH   | A/C REAL PUMP                          | Back of Form That<br>Best Describes The                                  |
| 1 FREDRICKS 24,0000   | YOU MINDOM ONTH  | A/C REAL PUMP                          | Back of Form That  |
| 1 FREDRICKS 24,0000   | YOU MINDOM ONTH  | A/C REAT PUMP                          | Back of Form That Best Describes The Collateral Covered                  |
| 1 FREDRICKS 24,0000   | YOU MINDOM ONTH  | A/C REAT PUMP                          | Back of Form That Best Describes The Collateral Covered                  |
| 1 FREDRICKS 24,0000   | YOU WINDOW ONTH  | A/C REAL PUMP                          | Back of Form That Best Describes The Collateral Covered                  |
| 1 FREDRICKS 24,0000   | YD WINDOW ONLY.  | A/C REAT PUMP                          | Back of Form That Best Describes The Collateral Covered                  |
|   |  | A/C REAT PUMP                          | Back of Form That Best Describes The Collateral Covered                  |
|   |  | A/C REAT PUMP                          | Back of Form That Best Describes The Collateral Covered                  |
| heck X if covered: □ Products of Collateral are also co   |  | A/C REAT PUMP                          | Back of Form That Best Describes The Collateral Covered By This Filling: |
| heck X if covered: Products of Collateral are also co   |  |  | Back of Form That Best Describes The Collateral Covered                  |
| heck X if covered: Products of Collateral are also co   | overed.  | Signature(s) of Secured Party(les)     | Back of Form That Best Describes The Collateral Covered By This Filling: |
| Signature(s) of Debtor(s) (necessary only if item 2 le sp   | overed.  | Signature(s) of Secured Party(les)     | Back of Form That Best Describes The Collateral Covered By This Filling: |
| heck X if covered: ☐ Products of Collateral are also co   | overed.  | Signature(s) of Secured Party(les)     | Back of Form That Best Describes The Collateral Covered By This Filling: |