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.

Return copy or recorded original to			orm Commercial Cod	0
Pre-peld Acct. #	(Last Name First if a Perso	·		Inst * 2001-44891 10/16/2001-44891 13:00 PM CERTIFIE SHELBY COUNTY JUNGE OF PROBATE SHELBY COUNTY JUNGE OF PROBATE ON MEL.
A. Name and Address of Debtor (#F A	W. Davis est River Co. Ala. 35249 NY) Cast Name First it a Perso Vest River Co. La. 3524) (n)		
Additional debtors on exached UCC-E SECURED PARTY (Last Name First if a Person)		4. ASSIGNEE OF SECURED PART	Y (IF ANY)	(Last Name First II a Person
Social Security/Tax ID #			99500	
5. This statement refere to ofiginal Financing S	Statement bearing File No.	# 21/3/	11/1	77.00
	ms a security interest under the financing sta der the financing statement bearing file numb for to all of the property listed on this file, is a spears in item 4.	itement bearing the file number shown above to the assigned to the assignee	e, is still effective.	
0. Partial Secured Party releases the confidence number shown above.	file number shown above is amended as set offateral described in Item 11 from the finance			<u> </u>
Partial Secured Party releases the confidence number shown above.				11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
Partial Secured Party releases the confidence number shown above.				Back of Form That Best Describes The Collateral Covered
Partial Secured Party releases the confidence number shown above.				Back of Form That Best Describes The Collateral Covered
10. Partial Secured Party releases the co	oilateral described in Item 11 from the financ			Back of Form That Best Describes The Collateral Covered
Partial Secured Party releases the confidence number shown above.	oilateral described in Item 11 from the financ	ing statement bearing file		Back of Form That Best Describes The Collateral Covered
O. Partial Secured Party releases the confidence number shown above. 1.	re also covered.		your	Back of Form That Best Describes The Colleteral Covered By This Filling:

STANDARD FORM - IMMEDIAL COMMEDIAL CODE - SORILLING 1