STATE OF ALABAMA—UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC.—FROM UCC—3 Important: Read Instructions on Back Before Filling out Form.

| ☐ The Debtor is a transmitting utility | No. of Additional | This FINANCING STATEMENT is presented to a Filin | ng Officer for |
|--|---|---|--|
| as defined in ALA CODE 7-9-105(n). Sheets Presented: | | filing pursuant to the Uniform Commercial Code. THIS SPACE FOR USE OF FILING OFFICER | ·- <u>-</u> |
| | J!4 TT! | Date, Time, Number & Filing Office | |
| Jefferson County Employees Cre- | ait Union | | |
| 716 North 21st Street | | | |
| Birmingham, AL 35263 | | | 14TF. |
| Pre-paid Acct.# | // N First if a Dantau | | 27 (77 July 144) |
| 2. Name and Address of Debtor | (Last Name First if a Person) | | |
| SAMUEL J. HOGGE | | | |
| 117 COUNTY 867 RD MONTEVALLO AL 35115 | | | |
| MONTEVALLO, AL 35115 | | | u i u i |
| MONTEVALLO, AL 33113 | | | Second Se |
| Social Security/Tax ID # | () Al Fine if a Demon | | |
| 2A. Name and Address of Debtor (IF ANY) | (Last Name First if a Person) | | |
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| • | | · · · · · · · · · · · · · · · · · · · | |
| Social Security/Tax ID # | | FILED WITH: | |
| ☐ Additional debtors on attached UCC-E | | | (I N |
| 3. NAME AND ADDRESS OF SECURED PARTY (Las | it Name First if a Person) | 4. ASSIGNEE OF SECURED PARTY (IF ANY) | (Last Name First if a Person) |
| Jefferson County Employees Co | redit Union | | |
| 716 North 21st Street | | | |
| Birmingham, AL 35263 | | | |
| Diriningham, AL 33203 | | | |
| Social Security/Tax ID # | | | |
| ☐ Additional secured parties on attached UCC-E | | | <u></u> |
| 5. This statement refers to original Financing Sta | tement bearing File No. <u>1999/3</u> | 0091 | 1000 |
| Filed with Shelly (D) | | Date Filed July 19 | , |
| 7. Termination Secured Party no longer claims 8. Partial or The Secured Party's right unde property described in item 11 of Assignment whose name and address appe | a security interest under the financing sta or the financing statement bearing file num or to all of the property listed on this file, is | s assigned to the assignee forth in item11 | |
| 11. | | | |
| | | | 11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Check X if covered: Products of Collateral are | e also covered. | | |
| <u> </u> | . <u> </u> | 0 1 | |
| | | anottraker | |
| Signature(s) of Debtor(s) | ······································ | Signature(s) of Secured Party(ies) | |
| | | | |
| Signature(s) of Debtor(s) (necessary only if item | 9 is applicable) | Signature(s) of Secured Party(ies) | |
| | | JEFFE | SON COUNTY EMPLOYE |
| Type Name of Individual or Business | | Type Name of Individual or Business | COMMERCIAL CODE—FORM UCC-3 |
| f 1 | ILING OFFICER COPY—ACKNOWLEDGEM | TAMBARD COMA UNICORNA | COMMERCIAL CODE LEORM LICC-2 |

(5) FILE COPY DEBTOR(S)

(4) FILE COPY—SECURED

Approved by The Secretary of State of Alabama

(1) FILING OFFICER COPY—ALPHABETICAL

(2) FILING OFFICER COPY—NUMERICAL