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 tra as defined in ALA	ansmitting utility CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is presented to a Filing pursuant to the Uniform Commercial Code.	filing Officer for
	ecorded original to		THIS SPACE FOR USE OF FILING OFFICER	•
Jefferson County Employees Credit Union			Date, Time, Number & Filing Office	
716 North	21st Street			e de la company
•	am, AL 35263			
Pre-paid Acct.# _ 2. Name and Addre		Last Name First if a Person)		
	•	Last Ivaline I list ii a i elsoly		
VIRGINIA		AT 25104		
	COVE WILSONVILLE	AL 35100		T E E
	ILLE, AL 35186			
Social Security/T 2A. Name and Addre		Last Name First if a Person)		
	(,,			
				port word
_				
7				
Social Security/Tax ID # Additional debtors on attached UCC-E			FILED WITH:	
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)			4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
	n County Employees Credit		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,
716 Nort	th 21st Street			
	ham, AL 35263			
Social Security/Tax ID #				
	d parties on attached UCC-E			
5. This statement refers to original Financing Statement bearing File No. 1998/44877				
Filed with Shility (5. Date Filed Nov 12 ,1998				
 6. Continuation The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. Partial or Full Partial Property described in item 11 or to all of the property listed on this file, is assigned to the assignment whose name and address appears in item 4. 9. Amendment Financing statement bearing file number shown above is amended as set forth in item 11 10. Partial Release Release Release 				
11.				
				11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
				
Check X if cover	red: Products of Collateral are also co	wered.	······································	
			Canol Park	
Signature(s) of D	Pebtor(s)	· · · · · · · · · · · · · · · · · · ·	Signature(s) of Secured Party(ies)	
Signature(s) of D	ebtor(s) (necessary only if item 9 is app	licable)	Signature(s) of Secured Party(ies)	ON COUNTY EMPLOYEES
	dividual or Business OPY—ALPHABETICAL (3) FILING OF	FICER COPY—ACKNOWLEDGEME	Type Name of Individual or Business NT STANDARD FORM—UNIFORM	COMMERCIAL CODE-FORM LICC-3