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.

REORDER FROM

Registre, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 55303
(612) 421-1713

☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STAT	TEMENT is presented to a Uniform Commercial Code	Filing Officer for
. Return copy or recorded original to	· · · · · · · · · · · · · · · · · · ·	THIS SPACE FOR USE OF FILI Date, Time, Number & Fiting Of	NG OFFICER	
MAGNOLIA FEDERAL BANK FOR	SAVINGS	Date, Time, Nomber of ming of		
P. O. BOX 1858 HATTIESBURG, MS 39401				
Pre-paid Acct. #				
2. Name and Address of Debtor	(Last Name First if a Person)		•	
CANDICE C RELLY	· .			80 H H
CANDICE C. KELLY 350-13 BELLE VISTA MHP				
PELHAM, AL 35124	•			
TEMILAI, AD SSIZ4				in in its
Social Security/Tax ID #	(Last Name First if a Person)	<u>-</u>		T T E E E
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Social Security/Tax ID #	·	FILED WITH:	· · · · · · · · · · · · · · · · · · ·	<u> </u>
☐ Additional debtors on attached UCC-E	- ···· - ··· · · · · · · · · · · · · ·			
3. NAME AND ADDRESS OF SECURED PARTY) (Last !	Name First if a Person)	4. ASSIGNEE OF SECURED F	PARTY (IF ANY)	(Last Name First if a Person)
MAGNOLIA FEDERAL BANK FOR P. O. BOX 1858 HATTIESBURG, MS 39401 Social Security/Tax ID #	R SAVINGS			
Additional secured parties on attached UCC-E				
5. This statement refers to original Financing Statement		5966		
17104 17111	UDGE OF PROBATE	Date Filed	<u>4-25</u>	19 <u>92</u>
☐ Full property described in item 11 or to a Assignment, whose name and address appears i 9. ☐ Amendment Financing statement bearing file nut	curity interest under the financing statem in the fine number all of the property listed on this file, is assinted to the property listed on this file, is assinted to the property listed on this file, is assinted to the financing all described in item 11 from the financing	ent bearing the file number shown shown above to the gned to the assignee the in item 11. statement bearing file	i above.	
		87-69152641 P/O 4-17-95		11A. Enter Code(s) From
	•	. 4-17-93		Back of Form That Best Describes The Collateral Covered By This Filing:
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				<u>-</u>
Check X if covered: Products of Collateral are also	covered.	324 888 6		
		MAGNOL DA FE: Signature(s) of Secur	DERAL BANK F	OR SAVINGS
Signature(s) of Debtor(s)				
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		Signature of Secu	PREND	A GOFF, ASST VP
Type Name of Individual or Business	· · · · · · · · · · · · · · · · · · ·	Type Name of Individ		FORM COMMITTON CORP. FORMANCO C
	FRICER COPY-ACKNOWLEDGEMENT PY - SECURED	(5) FILE COPY DEBTOR(S)	STANDARD FORM — UN Approved by	FORM COMMERCIAL CODE — FORM UCC-3 The Secretary of State of Alabama