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

	No. of Additional Sheets Presented:	This FINANCING STATEMEN	NT is presented to a Filing Officer m Commercial Code.	for
Return copy or recorded original to		THIS SPACE FOR USE OF FILING O Date, Time, Number & Filing Office		<u> </u>
CAMP & COMPANY ATTN: CHARLOTTE H. FOX P. O. BOX 530667 BIRMINGHAM, AL 35253-0667		68 68 H		
Dog			તે જ	
Pre-paid Acct. # Name and Address of Debtor	(Last Name First if a Person)		Ģ	0 F R R
MARRAY-CONCOURSE 100, P. O. BOX 1297 BIRMINGHAM, AL 35201	INC.		1996	71996-74 74 CEF
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Social Security/Tax ID #			č	임기물
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)		}4	ø
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Social Security / Tax ID #	<u> </u>			
Additional debtors on attached UCC-E NAME AND ADDRESS OF SECURED PARTY) (Last Name and Last Name And Address of Secure Party) (Last Name And Address Of Secu	na First if a Parenn)	4. ASSIGNEE OF SECURED PARTY	(IF ANY) (La	ast Name First if a Person)
ONE NATIONWIDE PLAZA COLUMBUS, OHIO 43216 Social Security/Tax ID #				
☐ Additional secured parties on attached UCC-E	<u> </u>			
	02766	4		
5. M This statement refers to original Financing Statement I SHELBY COUNTY STILLS With	bearing rife (No		RCH 8 19 91	<u> </u>
6. Continuation. The original financing statement between the secured Party no longer claims a secure the Secured Party's right under the fine property described in item 11 or to all or the Assignment whose name and address appears in its property described in item 11 or to all or the secured Party releases the collateral described in item 11 or to all or the secured Party releases the collateral described in item 11 or to all or the secured Party releases the collateral described in item 11 or to all or the secured Party releases the collateral described in item 11 or to all or the secured Party releases the collateral described in item 11 or to all or the secured Party releases the collateral described in item 11 or to all or the secured Party releases the collateral described in item 11 or to all or the secured Party releases the collateral described in item 11 or to all or the secured Party releases the collateral described in item 11 or to all or the secured Party releases the collateral described in item 11 or to all or the secured Party releases the collateral described in item 11 or to all or the secured Party releases the collateral described in item 11 or to all or the secured Party releases the collateral described in item 11 or to all or the secured Party releases the collateral described in item 11 or to all or the secured Party releases the collateral described in item 11 or to all or the secured Party releases the collateral described in item 11 or to all or the secured Party releases the collateral described in item 11 or to all or the secured Party releases the collateral described in item 11 or to all or the secured Party releases the collateral described in item 11 or to all or the secured Party releases the collateral described in item 11 or to all or the secured Party releases the collateral described in item 11 or to all or the secured Party releases the secured Party releases the collateral described in item 11 or to all or the secured Party releases the secured Party releases the secured	rity interest under the financing stater ancing statement bearing file number of the property-listed on this file, is assembled 4. The property-listed on this file, is assembled 4. The shown above is amended as set for	ment bearing the file number shown above shown above to the signed to the assignee of the literal signers.	e, is still effective.	
11.			 	Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
4			- -	
			-	
Check X if covered: Products of Collateral are also co	overed.			
	<u> </u>	NATIONWIDE I.	IFE INSURANCE	COMPANY
Signature(s) of Debtor(s)		Signature(s) of Secured P	arty(ies)	
Signature(s) of Debtor(s) (necessary only if item 9 is ap	opticable)	BY 5 Camp & C		1110
	· · · · · · · · · · · · · · · · · · ·	Type Name of Individual of	or Business	T. U. P.
Type Name of Individual or Business (1) FIUNG OFFICER COPY - ALPHABETICAL. (2) FIUNG OFFICER COPY - NUMERICAL (4) FILE COPY -	CER COPY-ACKNOWLEDGEMENT - SECURED	/ 1	ANDARD FORM — UNIFORM COMM Approved by The Secretary	MERCIAL CODE — FORM UCC-3 of State of Alabama