STATE OF ALABAMA — UNIFORM C. MMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEAT., ASSIGNMENT, ETC. — FORM UCC-3

10125

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM

Registré, Inc.
514 PIERCE 5T.
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 STATEMENT is presented to a Filing filing pursuant to the Uniform Commercial Code.	Officer for
Return copy or recorded original to	Circulation Control	THIS SPACE FOR USE, OF FILING OFFICER Date, Time, Number & Filing Office	
LUCAS, JACKIE RAY 978 HWY 89 MONTEVALLO AL 35115	•	34960	-34960 RTIFIED OF PROBATE
Pre-paid Acct. # 2. Name and Address of Debtor	(Last Name First if a Person)		, v ≠ x ₹ ₫
Social Security/Tax ID #	(Last Name First if a Person)		
Social Security/Tax ID #	<u> </u>	FILED WITH:	1
☐ Additional debtors on attached UCC-E 3. NAME AND ADDRESS OF SECURED PARTY) (Last to	Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
AGRICREDIT ACCEPTANC PO BOX 7902 DES MOINES IA 50322- Social Security/Tax ID #	9204		-
5. This statement refers to griginal Financing Statement Filed with	ent bearing File No. 28345	Date Filed9//619_	94
6. Continuation. The original financing statement beto. 7. Termination. Secured Party no longer claims a set. 8. Partial or The Secured Party's right under the property described in item 11 or to a Assignment. Whose name and address appears it. 9. Amendment Financing statement bearing file numbers.	ecurity interest under the financing stateme financing statement bearing file number s all of the property listed on this file, is assig	Party, bearing file number shown above, is still effective. ent bearing the file number shown above. shown above to the gned to the assignee the in item 11.	
			†1A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
Check X if covered: Products of Collateral are also	covered.		
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)	-Sec Cd
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		Signature(s) of Secured Partylies) AGRICREDIT ACCEPTANCE CO.	
Type Name of Individual or Business		Type Name of Individual or Business	CONTROLL CODE FORM NOC 2