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. 19200

REORDER FROM

Registré, 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 STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.		
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		
First Commercial Bank ATTN: Traci Langston P.O. Box 11746 Birmingham, AL. 35202	· · · · · · · · · · · · · · · · · · ·			
Pre-paid Acct. #	_		•	+ M m
2. Name and Address of Debtor	(Last Name First if a Person)		56	21.5
Investors East, an Alab Partnership c/o Larry Hillard 1109 E. Park Drive, Ste Birmingahm, AL. 35235	• •		1997-38	1997-383 TY JUSE OF 18
Social Security/Tax (D.#			#	
2A. Name and Address of Debtor (#F A	NY) (Last Name First if a Person)		Inst	12/0 03:06 SEDW
Social Security/Tax ID #	<u> </u>	FILED WITH:		· · · · · · · · · · · · · · · · · · ·
Additional debtors on attached UCC-E		Judge of Probate, Shel	by Cour	nty
3. NAME AND ADDRESS OF SECURED PARTY)	(Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Li	ast Name First if a Person)
First Commercial Bank P.O. Box 11746 Birmingham, AL. 35202 Social Security/Tax ID #				
5. X This statement refers to original Financing S	Statement bearing File No. 1993-410	90		
Filed with JOP Shelby Cou		Date Filed 12-22-	19_93	<u> </u>
 7. Termination. Secured Party no longer claim 8. Partial or The Secured Party's right und D Full property described in item 11 Assignment. whose name and address app 9. Amendment Financing statement bearing for the property of the propert	ns a security interest under the financing statement for the financing statement bearing file number s or to all of the property listed on this file, is assig	shown above to the gned to the assignee h in item 11.		•
Full termination of FIle #1993-41090			E B C	Inter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
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Check X if covered: Products of Collateral at	re also covered.	Λ		
Signature(s) of Debtor(s)	om Q ie anglicable)	Signature(s) of Secured Party(ies) Signature(s) of Secured Party(ies)		
Signature(s) of Debtor(s) (necessary only if ite	ani a is appricable)	Nelson S. Bean, SVP		
Type Name of Individual or Business (1) FILING OFFICER COPY - ALPHABETICAL (3) Fit	LING OFFICER COPY-ACKNOWLEDGEMENT	Type Name of Individual or Business STANDARD FORM — UN	FORM COMM	ERCIAL CODE — FORM UCC-3