STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

30834

Important: Read Instructions on Back Before Filling out Form.

REGROER FROM
Registré, Inc.
214-MERGEST.
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 filling pursuant to the Uniform Commercial Code.
Return copy or recorded original to	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
UNION PLANTERS PMAC, INC.	
P O BOX 18001	
HATTIESBURG, MS 39404	
Pre-paid Acct. #	
VICKORY, KURT RT. 1 BOX 460 HIGHWAY 57	
VINCENT, AL 35178	
	# 24 €
Social Security/Tex ID #	
2A. Name and Address of Debtor: (IF ANY) (Last Name First if a Person	
VICKORY, SHARRIE	
SAME	
Social Security/Tax ID #	FILED WITH:
Additional debtors on attached UCC-E	A ACCIONEE OF SECURED BARTY - ME ANY - Manual Start is - December
NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person) MAGNOLIA FEDERAL BANK FOR SAVINGS	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
P O BOX 1858	
HATTIESBURG, MS 39403	
Social Security/Tax ID #	
Additional secured parties on attached UCC-E	
5 This statement refers to original Financing Statement bearing File No10405	
Filed withSHELBY_CO	Date Filed
 6. Continuation. The original financing statement between the foregoing Debtor and Secure 7	ement bearing the file number shown above. er shown above to the essigned to the assignee orth in item 11.
11.	TATE 07/01/5011/5
	LN# 8769153115 11A. Enter Code(s) From Back of Form That
	Best Describes The Collateral Covered By This Filing:
	фу павениц.
:	TATION DE ANTITUDE ELANTE NIAMITONIA I ACCOUTAMION
	UNION PLANTERS BANK, NATIONAL ASSOCIATION SUCCESSOR BY MERGER WITH MAGNOLIA_FEDERAL_BANK
Check X if covered: Products of Collateral are also covered.	FOR SAVINGS; UNION PRANTERS PMAC, INC., F/K/A
	MACINA MORTGAGE COMPANY, ATTORNEY-IN-FACT
Signature(s) of Debtor(s)	Signature(s) of Secured Party(ids)
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)	Signature(s) of Secured Party(ies)
	BRENDA GOFF, V.P. U
Type Name of Individual or Business 1) FILING OFFICER COPY - ALPHABETICAL (3) FILING OFFICER COPY-ACKNOWLEDGEMENT	Type Name of Individual or Business STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3 Approved by The Secretary of State of Alabama