

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

53107

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 STATEMENT is presented to a Filing Officer for
filing pursuant to the Uniform Commercial Code.

1. Return copy or recorded original to

REGIONS BANK
P.O. BOX 4897
MONTGOMERY, AL 36103

Pre-paid Acct. #

2. Name and Address of Debtor

(Last Name First if a Person)

ALABAMA YOUTH HOME, INC.
6025 HWY 51
WILSONVILLE, AL 35186

Social Security/Tax ID #

2A. Name and Address of Debtor

(IF ANY)

(Last Name First if a Person)

OWEN, TOM E.
201 OFFICE PARK DR.
BIRMINGHAM, AL 35223

Social Security/Tax ID #

☐ Additional debtors on attached UCC-E

3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)

REGIONS BANK
P.O. BOX 511
MONTGOMERY, AL 36104

Social Security/Tax ID #

☐ Additional secured parties on attached UCC-E

☒ This statement refers to original Financing Statement bearing File No

1997-22707

Filed with **SHELBY COUNTY**

Date Filed **JULY 21**

1997

6 ☐ Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective

☒ Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above

8 ☐ Partial or Full Assignment. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4

9 ☐ Amendment. Financing statement bearing file number shown above is amended as set forth in item 11

10 ☐ Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above

11.

11A 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.

FILED WITHOUT DEBTORS SIGNATURE

Signature(s) of Debtor(s)

Signature(s) of Debtor(s) (necessary only if item 9 is applicable)

Type Name of Individual or Business

Erica C. Magdon

Signature(s) of Secured Party(ies)

REGIONS BANK

Signature(s) of Secured Party(ies)

Type Name of Individual or Business