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.

3.00

Registre, Inc. 514 PIENCE ST. P.O. BOX 218

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 filing pursuant to the Uniform Commercial C	
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	• .
'ort Wayne Mortgage Comp	any		
P.O. Box 420275	_		ំក ្គ
Houston, Texas 77242			the QN LLL LLL
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Pre-paid Acct. # Name and Address of Deblor	(Last Name First if a Person)		oy op ifi Fig
. Hame and Address of Debion	(Carrigina Francisch)		. Di .
Armstrong, Bobby			
860 County Road 30			, A=\ ()
Wilsonville, AL 35186			t 728
ALLOOMVILLO, ILL OOLOO			<i>></i>
Social Security/Tax ID #			w
A. Name and Address of Debtor (IF AN)	(Last Name First if a Person)		
Armetrone Kathu			
Armstrong, Kathy			
860 County Road, 30			
Wilsonville, AL 35186			•
Social Security/Tax ID #		FILED WITH:	
☐ Additional debtors on attached UCC-E			
NAME AND ADDRESS OF SECURED PARTY) (L	ast Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF A	NY) (Last Name First if a Person)
S. HAME HID HOUSED OF GEODINES I HITTING			, , , , , , , , , , , , , , , , , , ,
Fort Wayne Mortgage Comp	any		
P.O. Box 420275			
Houston, Texas 77242			
Social Security / Tax ID #			
Additional secured parties on attached UCC-E			
5. This statement refers to original Financing State	tement bearing File No. 011543		
Filed with Shelby County	ienieni bezinig File No	Date Filed 4-11	19 85
7. Termination. Secured Party no longer claims 8. Partial or The Secured Party's right under Property described in Itam 11 or Assignment. Whose name and address appe	s security interest under the financing state r the financing statement bearing file number r to all of the property lieted on this file, is as	r shown above to the signed to the assignee orth in Item 11.	
11.			
			11A. Enter Code(s) From
			Back of Form That Best Describes The
	•	٠	Collateral Covered By This Filling:
			er the ring.
			
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			——————————————————————————————————————
	'. .		
Check X if covered: Products of Collateral are	also covered.		
		4 / - 1	
Allegations of British and		JUST CLAYING 11 10-7	gage Company
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)	nide
Signature(s) of Debtor(s) (necessary only if item	9 is applicable)	Signature(s) of Secured Party(ies)	
	<u> </u>		
Type Name of Individual or Business	NO OFFICER SORY LOWISH TO STATE OF	Type Name of Individual or Business STANDARD FORM —	UNIFORM COMMERCIAL CODE — FORM UCC
	NG OFFICER COPY-ACKNOWLEDGEMENT COPY - SECURED		by The Secretary of State of Alabama

