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.

REORDER FROM

Registré, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 55303

87-109151934					ANOKA, MN. 55303 (612) 421-1713
he Debtor is a transmitting utility s defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCIN	NG STATEMENT is presented to the Uniform Commen	ented to a Fi cial Code.	Filing Officer for
Return copy or recorded original to	Griecia i reserrica.	THIS SPACE FOR USE Date, Time, Number & F	OF FILING OFFICER	<u> </u>	
MAGNOLIA FEDERAL BANK FOR SAVINGS P.O. Box 1858 Hattiesburg, MS 39403-1858					
re-paid Acct. #					
ame and Address of Debtor	(Last Name First if a Person)		• •		· .
Reeves, Joy D	•				
Rt. 3 box 910	- 1 0 /				
Pelham, Al 3	5124				i Car
Social Security/Tax ID #					S SHE
Name and Address of Debtor (IF ANY)	(Last Name First if a Person)	1			44 X 2 2
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Social Security/Tax ID #	<u></u>	FILED WITH:			
Additional debtors on attached UCC-E NAME AND ADDRESS OF SECURED PARTY) (Last	No Circl if a Connect	4. ASSIGNEE OF SEC	USED BARTY	(IF ANY)	(Last Name First if a Person
Social Security/Tax ID #Additional secured parties on attached UCC-E	<u> </u>				
	ent bearing File No. 018337				
☐ This statement refers to original Financing Statem Filed withShelby_Co		Date Fi	led Oct.	8	
 ☐ Full property described in item 11 or to Assignment whose name and address appears ☐ Amendment Financing statement bearing file no 	ecurity interest under the financing stateme financing statement bearing file number s atl of the property listed on this file, is assig	ent bearing the file numbe shown above to the gned to the assignee h in item 11.		ective.	
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					11A. Enter Code(s) From Back of Form That
•					Best Describes The Collateral Covered By This Filing:
		- *			
					
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	र : :				
					<u> </u>
Check X if covered: D Products of Collateral are also	o covered.				
				BANK	FOR SAVINGS
Signature(s) of Debtor(s)		Som artirofs /	Secured Party(ies)		
Signature(s) of Debtor(s) (necessary only if item 9 i	s applicable)	Signature(s)	of Secured Party(les)		
Type Name of Individual or Business		Type Name o	of Individual or Business		
Typo ramo or marriabar or boomedo		. 7			ORM COMMERCIAL CODE - FORM U