## 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.

27_2015101	75		ANOKA, MN. 55303 (612) 421-1713
The Debtor is a transmitting utility	No. of Additional Sheets Presented:	This FINANCING STATEMENT is presente filing pursuant to the Uniform Commercia	ed to a Filing Officer for
s defined in ALA CODE 7-9-105(n). Return copy or recorded original to	Gileeta Fileadilled.	THIS SPACE FOR USE OF FILING OFFICER	
MAGNOLIA FEDERAL BANK FOR SAVINGS P.O. Box 1858 Hattiesburg, MS 39403-1858		Date, Time, Number & Filing Office	
Pre-paid Acct. #			4 4 H
Name and Address of Debtor	(Last Name First if a Person)		P-241 ERTIF
Hyde, Christie L.			၅ ရှူပန
Lot 211 Greenpark			# # <b># # # # # # #</b>
Pelham, AL 35124			* > = =
Social Security/Tax ID #			i dug 2 s
Name and Address of Debtor (IF ANY)	(Last Name First if a Person)		
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		ELED WITH	
Social Security/Tax ID #	· · · · · · · · · · · · · · · · · · ·	FILED WITH:	
Additional debtors on attached UCC-E			** A b 1 \$ 4 \$ 4 \$ 4 \$ 4 \$ 4 \$ \$ 4 \$ \$ \$ \$ \$ \$
NAME AND ADDRESS OF SECURED PARTY) (Las		4. ASSIGNEE OF SECURED PARTY (IF	ANY) (Last Name First if a Persor
MAGNOLIA FEDERAL BANI P.O. Box 1858 Hattiesburg, M\$ 394	3		
Social Security/Tax ID #			
☐ This statement refers to original Financing State	ment bearing File No. 018441		· · · · · · · · · · · · · · · · · · ·
Filed with Shelby County		Date Filed Nov. 2	19_87
<ul> <li>☐ Termination.</li> <li>☐ Partial or</li> <li>☐ Full</li> <li>☐ Assignment.</li> <li>☐ Amendment</li> <li>☐ Partial</li> <li>☐ Partial</li> <li>☐ Release</li> <li>☐ Secured Party no longer claims a</li> <li>☐ Party's right under the property described in item 11 or to the pro</li></ul>	security interest under the financing statem he financing statement bearing file number s all of the property listed on this file, is assig	shown above to the gned to the assignee him item 11.	ve.
J. J.	3,00		11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered
			By This Filing:
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	i		
	; ·		
	·.		
Check X if covered: D Products of Collateral are at	so covered.	<u> </u>	
		MAGNOLIA FEDERAL BA	ANK FOR SAVINGS
Signature(s) of Debtor(s)		Aignature(spot Secured Party(ies)	· · · · · · · · · · · · · · · · · · ·
		VL (Olock) UP	
Signature(s) of Debtor(s) (necessary only if item 9	is applicable)	Signature(s) of Secured Party(ies)	
Type Name of Individual or Business		Type Name of Individual or Business	