## STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC.

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
Registré, Inc.
514 PIERCE ST.
P.O. BOX 216
ANOKA, MN. 55303
(612) 421-1713

LEORM UC

☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:		EMENT is presented to a Fili Initorm Commercial Code	ng Officer for
1. Return copy or recorded original to ecurity Pacific Housing O. Box 385000 irmingham, Al 35238-50		THIS SPACE FOR USE OF FILM Date, Time, Number & Filing Of		•
LLMINGHAM, AL JJ2J0-JC				
Pre-paid Acct. #	·			en de la companya de
2. Name and Address of Dobter	(Last Name First if a Person)		*	
awson, Michelle t. 2 Box 62 A alera, Al 35040	53002335		662-	ATIFIE STATE
helby County			ğ	
Social Security/Tax ID #			•	
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)			
Social Security/Tax ID #	<del></del>	FILED WITH:		<u> </u>
☐ Additional debtors on attached UCC-E				·
irmingham, Al 35238-500  Social Security/Tax ID #  Additional secured parties on attached UCC-E				
** This statement refers to original Financing Statement	nt bearing File No. 022432			
Filed with Shelby county		Date Filed IV	larch 17,	<sub>19</sub> 89
☐ Full property described in item 11 or to al Assignment, whose name and address appears in 9. ☐ Amendment Financing statement bearing file num	curity interest under the financing stateme financing statement bearing file number s I of the property listed on this file, is assig	ent bearing the file number shown hown above to the ned to the assignee in item 11.		<u> </u>
	•			11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
				6 0 2
				<del></del>
Check X if covered:  Products of Collateral are also o	covered			
- CHOCK A II COTO CO. L. PIOCOCIS OF CONSIGNATION AND ASSOCIA		······································	D 1	
Signature(s) of Debtor(s)		Security Pa	d Park (ies)	ing Services,In
Signature(s) of Debtor(s) (necessary only if item 9 is a	applicable)	Signature(s) of Secure		
Type Name of Individual or Business		Type Name of Individu	al or Business	
(1) FILING OFFICER COPY - ALPHABETICAL (3) FILING OF (2) FILING OFFICER COPY - NUMERICAL (4) FILE COPY	FICER COPY-ACKNOWLEDGEMENT	(5) Fil E COPY DEBTOR(S)		M COMMERCIAL CODE FORM UCC-3 Secretary of State of Alabama