

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
Registré, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKE, MN. 55303
(612) 421-1713

<input type="checkbox"/> 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			THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
MAGNOLIA FEDERAL BANK FOR SAVINGS P. O. BOX 1858 HATTIESBURG, MS 39403-1858 Attn: Brenda Naylor Pre-paid Acct. # _____				
2. Name and Address of Debtor (Last Name First if a Person)				
Harvey Bridgmon Rt. 1 Box 19D2 Shelby, AL 35143				
Social Security/Tax ID # _____				
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)				
Social Security/Tax ID # _____				
<input type="checkbox"/> Additional debtors on attached UCC-E				
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)			4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)	
MAGNOLIA FEDERAL BANK FOR SAVINGS P. O. BOX 1858 HATTIESBURG, MS 39403-1858 Social Security/Tax ID # [REDACTED]				
<input type="checkbox"/> Additional secured parties on attached UCC-E				
5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. 5969 Filed with Shelby Cty			Date Filed 4-25-92 19__	
6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. <input checked="" type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. <input type="checkbox"/> 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. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11. 10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.				
11. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: 				
Loan# 87-69152792 P/O 1-12-93				
Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.				
Signature(s) of Debtor(s)			MAGNOLIA FEDERAL BANK FOR SAVINGS Signature(s) of Secured Party(ies) Signature(s) of Secured Party(ies)	
Type Name of Individual or Business			Type Name of Individual or Business	
(1) FILING OFFICER COPY - ALPHABETICAL	(3) FILING OFFICER COPY - ACKNOWLEDGEMENT	(5) FILE COPY DEBTOR(S)	STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-	
(2) FILING OFFICER COPY - NUMERICAL	(4) FILE COPY - SECURED		Approved by The Secretary of State of Alabama	