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
Registre, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 55303
(612) 421-1713

☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is present filing pursuant to the Uniform Commercia	ed to a Filing Officer for
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 87-39155154 Pre-paid Acct. #			11
Name and Address of Debtor Massengill, William K. Route 1 Box 823 Leeds, AL 35094 (Last Name First if a Person)			. W
Social Security/Tax ID #			E du
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)			
Latham, Sheryl D. Same			
Social Security/Tev ID #		FILED WITH:	· · · · · · · · · · · · · · · · · · ·
Social Security/Tax ID #	······································		
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	F ANY) (Last Name First if a Person)
MAGNOLIA FEDERAL BA P.O. Box 18 Hattiesburg, MS 3 Social Security/Tax ID #	858		
Additional secured parties on attached UCC-E	. <u> </u>		
5. This statement refers to original Financing St		Date Filed march 31	19 88
7. Termination. Secured Party no longer claims 8. Partial or The Secured Party's right under property described in item 11 or Assignment. Whose name and address app 9. Amendment Financing statement bearing fit.	es a security interest under the financing statemer the financing statement bearing file number so to all of the property listed on this file, is assign.	shown above to the gned to the assignee him item 11.	11A. Enter Code(s) From
			Back of Form That Best Describes The Collateral Covered By This Filing:
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	•.		
,			
Check X if covered: Products of Collateral are	e also covered.	·	
· · · · · · · · · · · · · · · · · · ·		MAGNOLIA FEDERAL BA	ANK FOR SAVINGS
Signature(s) of Debtor(s)		9 Signature(st of secured Party(ies)	<u></u>
Signature(s) of Debtor(s) (necessary only if ite	m 9 is applicable)	Signature(s) of Secured Party(ies)	
Type Name of Individual or Business	AND OFFICER CORY LONGON PROCHEM	Type Name of Individual or Business	— UNIFORM COMMERCIAL CODE — FORM UCC-3