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 5T.
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 presented to a lifting pursuant to the Uniform Commercial Code.	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 87-69151686			
Pre-paid Acct.#			4 0 H
2. Name and Address of Debtor (Last Name First if a Person) McCarter, Dalsy Rt. 2 Box 308 Alabaster, AL 35007		* 1993-044 FM CERTIFIED PROBA	TANGE OF THE SECOND SEC
Social Security/Tax ID #	NY) (Last Name First if a Person)	-	大門間
McCarter, William Same	ns		100mm
Social Security/Tax ID #		FILED WITH:	
☐ Additional debtors on attached UCC-E	<u>. </u>		
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)
P.O. Box 1 Hattiesburg, MS 3 Social Security/Tax ID #			
	**************************************	06252	
5. This statement refers to original Financing S Filed withShells		Date Filed March 11	
 7. Termination. Secured Party no longer claim 8. Partial or The Secured Party's right und property described in item 11 Assignment. Whose name and address app 9. Amendment Financing statement bearing for the property described in item 11 	ns a security interest under the financing stateme der the financing statement bearing file number s or to all of the property listed on this file, is assig	shown above to the gned to the assignee in item 11.	
			11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
		· · · · · · · · · · · · · · · · · · ·	
			<u> </u>
•		·	
Check X if covered: Products of Collateral ar	re also covered.		
		MAGNOLIA FEDERAL BANK	FOR SAVINGS
Signature(s) of Debtor(s)		Suffrature(sign) Secured Party(ies)	
Signature(s) of Debtor(s) (necessary only if ite	em 9 is applicable)	Signature(s) of Secured Party(ies)	· · · · · · · · · · · · · · · · · · ·
Type Name of Individual or Business		Type Name of Individual or Business	
			· · · · · · · · · · · · · · · · · · ·