## 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 PIÈRCE 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 presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.	
1. Return copy or recorded original to 87-39/552.  MAGNOLIA FEDERAL BAI P.O. Box 18 Hattiesburg, MS 39	NK FOR SAVINGS	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Pre-paid Acct. #		AST # 1993-1060 14/19/1993-1060 14/19/1993-1060 13.00 13.00 13.00	
Social Security/Tax ID #		FILED WITH:	
☐ 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 BAI P.O. Box 18 Hattiesburg, MS 39 Social Security/Tax ID #	358		
☐ Additional secured parties on attached UCC-E			
5. This statement refers to original Financing Statement bearing File No. 019939  She1by Co.		Date Filed May 3 19 888	
<ul> <li>6. Continuation. The original financing statement.</li> <li>7. Termination. Secured Party no longer claims.</li> <li>8. Partial or The Secured Party's right under property described in item 11 or Assignment. whose name and address appears.</li> <li>9. Amendment Financing statement bearing file.</li> </ul>	s a security interest under the financing statement or 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 to the assignee to in item 11.	
			11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
Check X if covered: Products of Collateral are	also covered.	NAMED AND DANK F	OD CAVINGS
Signature(s) of Debtor(s)		MAGNOLIA FEDERAL BANK FOR SAVINGS	
Signature(s) of Debtor(s) (necessary only if iten	n 9 is applicab <del>le</del> )	Signature(s) of Secured Party(ies)	
Type Name of Individual or Business (1) FILING OFFICER COPY - ALPHABETICAL. (3) FILI	ING OFFICER COPY-ACKNOWLEDGEMENT	Type Name of Individual or Business STANDARD FORM — UNIFORI	M COMMERCIAL CODE — FORM UCC-3