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	No. of Additional	This FINANCING STATEMENT is presented to a Filing Officer	for
as defined in ALA CODE 7-9-105(n). 1. Return copy or recorded original to	Sheets Presented:	THIS SPACE FOR USE OF FILING OFFICER	
	•	Date, Time, Number & Filing Office	
New South Federal			
2000 Crestwood Blvd.			
Birmingham, Al 35210			
Pre-paid Acct. #			A
Name and Address of Debtor ,	(Last Name First if a Person)		
Jacobson, Julian W.		on the second	CH Es
212 Heath Drive			H 1
Birmingham, Al 35242		in the second se	
DILMINGHAM, 111 332-12		<u>ori</u>	U)
Social Security/Tax ID #			でを言葉
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)		n uz
		en e	
Jacobson, Nancy W.		i i i i i i i i i i i i i i i i i i i	80 B
212 Heath Drive			
Birmingham, Al 35242			•
		·	
Social Security/Tax ID #		FILED WITH:	
Additional debtors on attached UCC-E			
3. NAME AND ADDRESS OF SECURED PARTY) (Las	it Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (La	ast Name First if a Person)
New South Federal			
2000 Crestwood Blvd.			
Birmingham, Al 35210		•	
Social Security/Tax ID #			
☐ Additional secured parties on attached UCC-E			
5. This statement refers to original Financing Stater	ment bearing File No. 1992-20	969	
Filed with Shelby County Ju	•	Date Filed 9/22 19.92	
 7. Termination. Secured Party no longer claims a secured Party's right under the Described in item 11 or to property described in item 11 or to Assignment. Whose name and address appears 9. Amendment Financing statement bearing file not secured Party releases the collate number shown above. 	security interest under the financing statements in ancing statement bearing file number so all of the property listed on this file, is assign	shown above to the gned to the assignee the in item 11.	
11.			Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
		-	
		_	
		_	
		- -	
		_	
Check X if covered: Products of Collateral are als	to covered.	_	
		· · · · · · · · · · · · · · · · · · ·	·
Signature(s) of Debtor(s)		Signature(s) of Segured Party(ies)	·
<u> </u>		Hall Tower	
Signature(s) of Debtor(s) (necessary only if item 9	is applicable)	Signature(s) of Secured Party(ies)	·
Type Name of Individual or Business		Type Name of Individual or Business	