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 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 pursuant to the Uniform Commercial Code	Filing Of	ficer for
Return copy or recorded original to 87-6915211	1	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			J 60	SO TED
Pre-paid Acct. #			ភ	
Name and Address of Debtor (Last Name First if a Person)			1-E66	93-15 CERT 13.0
Ellison, Michael P.O. Box 706			- 50 . → 1	される
Calera, AL 35040			 W	
Social Security/Tax ID #	(Last Name First if a Person)		H	50 10 10 10 10 10 10 10 10 10 10 10 10 10
Social Security/Tax ID #		FILED WITH:		
Additional debtors on attached UCC-E				
NAME AND ADDRESS OF SECURED PARTY) (I	Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY)		(Last Name First if a Person)
P. O. BOX 1858 HATTIESBURG, MS 39403 Social Security/Tax (D #	•			
Additional secured parties on attached UCC-E				
5. This statement refers to original Financing Sta		T 7		
Filed withShelby 6. Continuation. The original financing statement 7. Termination. Secured Party no longer claims	nt between the foregoing Debtor and Secured	Party, bearing file number shown above, is still effective.	19	8.8
 8. Partial or The Secured Party's right under property described in item 11 or Assignment. Whose name and address apperatus property described in item 11 or Assignment. 9. Amendment Financing statement bearing file 	er the financing statement bearing file number or to all of the property listed on this file, is assi	shown above to the igned to the assignee the in item 11.		•
1.			11.	A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
•				
Check X if covered: Products of Collateral are	also covered.			
		, MAGNOLIA FEDERAL BANK FOR	R SAV	INGS
Signature(s) of Debtor(s)		Secured Party(ies)		
Signature(s) of Debtor(s) (necessary only if item	n 9 is applicable)	Signature(s) of Secured Party(ies)	<u> </u>	
Type Name of Individual or Business		Type Name of Individual or Business		