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 P!ERCÉ 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.	
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	·
ecurity Pacific Fin Division of Bank of .O. Box 385000 irmingham, Al 35238	of America, FSB	193-19497 FIED	JBATE
illiams, James Jr.		* O	£8
. O. Box 489			15 Ki
olumbiana, Al 35051			5 §
helby County			
Social Security/Tax ID #	ANY) (Last Name First if a Person)		
illiams, Margaret .O. Box 489 olumbiana, Al 35051			# 10
		FILED WITH:	
Social Security/Tax ID #		FILED WILL	
□ 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	f a Person)
and Loan Association 215 N. 21st Street Sirmingham, Al 3523			
Additional secured parties on attached UCC-E			
5. This statement refers to original Financing	Statement bearing File No021369	Oat 20 10 88	
Filed with Shelby Cour	<u> </u>	Date Filed OC t 20 19	
7. Termination. Secured Party no longer cla 8. Partial or The Secured Party's right under the Party's	ims a security interest under the financing statem nder the financing statement bearing file number of the property listed on this file, is assi	shown above to the gned to the assignee th in item 11.	
		11A. Enter Code(s) Fr	
This financing stat	ement covers a mob	ile home Back of Form The Best Describes Collateral Cover	The
which does not cons	stitute inventory a	nd remains By This Filing:	
effective until a t	ermination stateme	ent is filed. 105602	
Maturity Date: 09	9/01/03 Account		— — — — — — — — — — — — — — — — — — —
Obselv V if managed. Our division of Outlessian	are sien envered	· 	
Check X if covered: Products of Collateral	are also covered.	· · · · · · · · · · · · · · · · · · ·	
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)	
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		Signature(s) of Secured Party(ies) Jefferson Federal Savings & Lo	an Ass
Type Name of Individual or Business	<u></u>	Type Name of Individual or Business	