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

As defined in ALA CODE 7-9-105(n). Return copy or recorded original to ATT - 3015 MAGNOLIA FEDERAL BANK FOR P. O. BOX 1858 HATTIESBURG, MS 39403-185 Pre-paid Acct. #		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		
	(Last Name First if a Person)		_	
			-26330	RTIFIED E PROBATE 15.00
Russell, Henry Morris Rt. 1 Box 1157 Social Security Falloy, AL 35143 A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)		st # 1993	8/31/1993 1:03 PM CE SELBY COUNTY JUNG
Social Security/Tax ID #		FILED WITH:	£	
Additional debtors on attached UCC-E NAME AND ADDRESS OF SECURED PARTY) (Last	SAVINGS	4. ASSIGNEE OF SECURED PARTY	(IF ANY)	(Last Name First if a Person)
Additional secured parties on attached UCC-E This statement refers to original Financing Statement by Shelby Co.	earing File No. 021230	Date Filed Sept. 30)19_8	<u></u>
Continuation. The original financing statement between the financing statement between the financing statement between the financing statement of the Secured Party's right under the financing statement of the financing statement of the financing statement bearing file number shown above. Continuation. The original financing statement between the secured Party's right under the financing statement of the financing statement bearing file number shown above.	ty interest under the financing statement bearing file number so the property listed on this file, is assign in 4. If shown above is amended as set forth	ent bearing the file number shown above. shown above to the gned to the assignee h in item 11.	15.00	,
			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 cov	ered.			
Signature(s) of Debtor(s)		MAGNOLIA FEDERAL B	SANK FOR SA	AVINGS
Signature(s) of Debtor(s) (necessary only if item 9 is app Type Name of Individual or Business	RICADIO)	Signature(s) of Secured Party(ies) Type Name of Individual or Business	 	i