

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 55203
(612) 421-1713

<input type="checkbox"/> 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 <div style="text-align: center;"> MAGNOLIA FEDERAL BANK FOR SAVINGS P. O. BOX 1858 HATTIESBURG, MS 39403-1858 </div>		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office <div style="text-align: center;"> Inst # 1993-28048 09/14/1993-28048 10:12 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 001 HJS </div>
2. Name and Address of Debtor (Last Name First if a Person) <div style="text-align: center;"> TAYLOR, MICHAEL E. ROUTE 1, BOX 15 VSNDIVER, AL. 35176 </div>		FILED WITH:
Social Security/Tax ID # _____ 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) <div style="text-align: center;"> TAYLOR, ROBIN L. ROUTE 1, BOX 15 VANDIVER, AL. 35176 </div>		
Social Security/Tax ID # _____ <input type="checkbox"/> Additional debtors on attached UCC-E		
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) <div style="text-align: center;"> MAGNOLIA FEDERAL BANK FOR SAVINGS P. O. BOX 1858 HATTIESBURG, MS 39403-1858 </div>		
Social Security/Tax ID # _____ <input type="checkbox"/> Additional secured parties on attached UCC-E		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. _____ Filed with #1993 SHELBY CO. JUDGE OF PROBATE Date Filed JAN. 6, 1998		
6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. <input checked="" type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. <input type="checkbox"/> Partial or <input type="checkbox"/> Full Assignment. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4. 9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11. 10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.		

11.

LOAN NO. 8739155019
P.O. 7-16-93

11A. 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.

Signature(s) of Debtor(s)

Signature(s) of Debtor(s) (necessary only if item 9 is applicable)

Type Name of Individual or Business

MAGNOLIA FEDERAL BANK FOR SAVINGS

Signature(s) of Secured Party(ies)

Signature(s) of Secured Party(ies)

Type Name of Individual or Business