

**STATE OF ALABAMA — UNIFORM COMMERCIAL CODE
STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3**

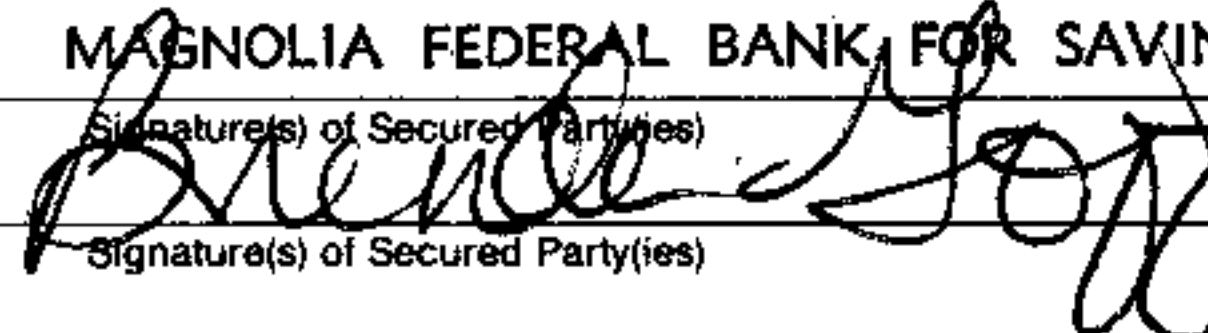
Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
Registre, Inc.
514 PIERCE ST.
P.O. BOX 218
ANDOKA, MN. 55303
(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 <p align="center">MAGNOLIA FEDERAL BANK FOR SAVINGS P. O. BOX 1858 HATTIESBURG, MS 39403-1858</p>		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office <div style="text-align: center; border: 1px solid black; padding: 5px; transform: rotate(90deg); transform-origin: center;"> Inst # 1993-30629 10/05/1993-30629 11:11 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 001 MCD 100 </div>
Pre-paid Acct. # _____ 2. Name and Address of Debtor (Last Name First if a Person) <p align="center">JAMES A . COFER JR. CEDAR GROVE MHP MAYLENE, AL. 35114</p>		FILED WITH: _____ 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
Social Security/Tax ID # _____ 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) <p align="center">PAMELA K. COFER CEDAR GROVE MHP MAYLENE, AL. 35114</p>		
Social Security/Tax ID # _____ 3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) <p align="center">MAGNOLIA FEDERAL BANK FOR SAVINGS P. O. BOX 1858 HATTIESBURG, MS 39403-1858</p>		
Social Security/Tax ID # _____ <input type="checkbox"/> Additional secured parties on attached UCC-E		
<input type="checkbox"/> This statement refers to original Financing Statement bearing File No. <u>029094</u> Filed with <u>SHELBY CO.</u>		Date Filed <u>8-13</u> 19 <u>91</u>
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 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.		

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	<p align="center">MAGNOLIA FEDERAL BANK FOR SAVINGS</p> Signature(s) of Secured Party(ies)  Signature(s) of Secured Party(ies) Type Name of Individual or Business
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