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 filing pursuant to the Uniform C	is presented to a Filing Officer for ommercial Code.
1. Return copy or recorded original to MAGNOLIA FEDERAL BANK P. O. BOX 1858 HATTIESBURG, MS 3940		THIS SPACE FOR USE OF FILING OFFI Date, Time, Number & Filing Office	CEA
	J-10 50		
Pre-paid Acct. #	(14 b) C:4 (4 - C)	<u> </u>	
2. Name and Address of Debtor	(Last Name First if a Person)		
Garner, Stephen V. Belle Vista Park, #28			
Pelham, AL 35124			993-3: 7 JUNE OF 1
Social Security/Tax ID #			いったを言
2A. Name and Address of Debtor (IF ANY) Garner, Susan	(Last Name First if a Person)		14/06 14/08 17:55 18:08
Same			·
Social Security/Tax ID #		FILED WITH:	<u> </u>
☐ Additional debtors on attached UCC-E 3. NAME AND ADDRESS OF SECURED PARTY) (Las		4. ASSIGNEE OF SECURED PARTY	(IF ANY) (Last Name First if a Person)
HATTIESBURG, MS 39403 Social Security/Tax ID #			
☐ Additional secured parties on attached UCC-E			· . · · · · · · · · · · · · · · · · · ·
5. This statement refers to original Financing Statement bearing File No. 021575 Filed with She1by Co.		Date Filed 11/18 19_88	
8. Partial or The Secured Party's right under the property described in item 11 or to Assignment. Whose name and address appears 9. Amendment Financing statement bearing file not be a significant or the property described in item 11 or to propert	security interest under the financing stateme he financing statement bearing file number st o all of the property listed on this file, is assign	nt bearing the file number shown above. sown above to the ned to the assignee in item 11.	ill effective.
			11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
		•	
·.			
Check X if covered: Products of Collateral are als	so covered.		. — — — — — — — — — — — — — — — — — — —
	•		BANK FOR SAVINGS
Signature(s) of Debtor(s) Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		Signature(s) of Secured Party(ie	
Type Name of Individual or Susiness		Type Name of Individual or Bus	