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. 80 X 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 pursuant to the Uniform Commercial Code	
Return copy or recorded original to	Oncols (resoluted.	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
SECURITY PACIFIC HOUSE P.O. BOX 385000 BIRMINGHAM, AL 35238	ING SERVICES	Date, Time, Namber & Timing Office	
2. Name and Address of Debtor	(Last Name First if a Person)	-	O OES
HOPPER, SEYBOURN E.,	JR.		Q Q
ROUTE 1 BOX 583 A LEEDS, ALABAMA 35094			* * * * * * * * * * * * * * * * * * *
Social Security/Tax ID #	NY) (Last Name First if a Person)	<u>-</u>	E of s
HOPPER, SEXHOURNEXEXX ROUTE 1 BOX 583 A LEEDS, ALABAMA 35094	XXX ANITA P.		•
Social Security/Tax ID #		FILED WITH:	ม
☐ 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 a Person)
JEFFERSON FEDERAL SAV. 215 N. 21ST ST., B'HAI Social Security/Tax ID #			
☐ Additional secured parties on attached UCC-E			
5. This statement refers to original Financing St Filed with SHELBY COUNTY	tatement bearing File No. 023921	Date Filed SRPT 26	19.89
6. Continuation. The original financing stateme 7. Termination. Secured Party no longer claim 8. Partial or The Secured Party's right und 1 Full property described in Item 11 1 Assignment. whose name and address app 9. Amendment Financing statement bearing for	ns a security interest under the financing stateme ler the financing statement bearing file number s or to all of the property listed on this file, is assig	Party, bearing file number shown above, is still effective. ent bearing the file number shown above. shown above to the gned to the assignee. In item 11.	.,,
PAID IN FULL 8/21/92			11A. Enter Code(s) From
ACCT#5361004743			Back of Form That Best Describes The Collateral Covered By This Filing:
Check X if covered: Products of Collateral are	e also covered.	11/1/1/1/1/1	
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)	
		Signature(s) of Secured Party(ies) JEFFERSON FEDERAL SAVING	S & LOAN ASSOC.
Type Name of Individual or Business		Type Name of Individual or Business	