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 is presented to a Fi filing pursuant to the Uniform Commercial Code.	ling Officer for
Return copy or recorded original to	Singella Fragoritadi.	THIS SPACE FOR USE OF FILING OFFICER	
SECURITY PACIFIC FINA	ANCTAL SERVICES	Date, Time, Number & Filing Office	
A DIVISION OF BANK OF			
P.O. BOX 385000	r minitum 100		
BIRMINGHAM, AL 35238		*	
Diluitionii, im aprae			
		G C	1 W L S
Pre-paid Acct. #	(Last Name First if a Person		
JACOBS, DENNIS W.	(EAST NEMIE) 115t II & F Orsoon	"	
1225 WESTOVER RD			40日間
HARPERSVILLE, AL 350	78		
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			+ 10 + 20 20
			LA Trad
Social Security/Tax ID #		<u></u>	50 3
2A. Name and Address of Debtor (IF AN	(Last Name First if a Person	n)	
RASMUSSEN, RACHEL L.			
1225 WESTOVER RD			
HARPERSVILLE, AL 350	78		
			•
Social Security/Tax ID #		FILED WITH:	¢
,			
□ Additional debtors on attached UCC-E 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)
,, ,,,			
Social Security/Tax ID #	·		
Additional secured parties on attached UCC-E	7.4006	<u> </u>	······································
5. This statement refers to original Financing Sta		Date Filed 7/22/92	
t fied that <u></u>		ed Party, bearing file number shown above, is still effective.	
7. Partial or The Secured Party no longer claims 8. Partial or The Secured Party's right under property described in item 11 or Assignment whose name and address application. Amendment Financing statement bearing fit Secured Party releases the cold Release number shown above.	er the financing statement bearing file number to all of the property listed on this file, is a sears in item 4. Ille number shown above is amended as set listeral described in item 11 from the financial.	tement bearing the file number shown above. ber shown above to the assignee forth in item 11.	
ACCOUNT PAID IN FULL	3-21-94		11 A Enter Ondo/a) Error
ACCOUNT # 5320003176			11A. Enter Code(s) From Back of Form That Best Describes The
ACCOONT # 3320003170			Collateral Covered
			By This Filing:
Check X if covered: Products of Collateral are	e also covered.		
Signature(s) of Debtor(s)	<u> </u>	Signature(s) of Secured/Party(ies)	7
	Dia casticatio		
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		Signature(s) of Secured Party(les) JEFFERSON FEDERAL S&L	ASSOC.
Tune Name of Individual or Business		Type Name of Individual or Business	